

2007 Semester 1 GCNGP Registration and Confirmation of Suitability

Name of Organisation: _____

Address: _____

Phone: _____

Email: _____

Name of Course Co-ordinator/Liaison: _____

Phone: _____

Email: _____

Please register the following Tutor(s) as those we have recommend to deliver our Courses this semester. We commend them to the AGPN and the University of the Sunshine Coast as experienced an/or qualified to deliver the Course(s) as outlined and attest to the fact that they are of good character and suitable to be given the responsibility of providing professional education.

Name of Tutor #1 _____

Course 1 2 3 (circle Courses this Tutor will deliver this Semester)

Phone _____

Email _____

Name of Tutor #2 (if additional Tutors) _____

Course 1 2 3 (circle Courses this Tutor will deliver this Semester)

Phone _____

Email _____

Name of Tutor #3 (if additional Tutors) _____

Course 1 2 3 (circle Courses this Tutor will deliver this Semester)

Phone _____

Email _____

SIGNED
(person authorized to sign contracts for the organization)

NAME
(print)

POSITION

DATE
