



UNIVERSITY OF THE THIRD AGE

ABN: 42 764 828 242  
REG. NO: A0031653Z

@ [u3abairnsdale@gmail.com](mailto:u3abairnsdale@gmail.com)

☎ (03) 5152 3063

🌐 [www.u3abairnsdale.org.au](http://www.u3abairnsdale.org.au)

📍 Cnrs Service and Rupert Sts  
Bairnsdale, Victoria, 3875

PO Box 973  
Bairnsdale, Victoria, 3875

## PROPOSAL FOR NEW COURSES U3A BAIRNSDALE

Please complete the blank form below if you wish to offer a new course.

**NOTE: THE INFORMATION YOU PROVIDE IS NECESSARY FOR ASSESSMENT & TO MEET INSURANCE REQUIREMENTS**

*Use this guide to fill in blank form below*

Title of course	<i>Brief one-to-four-word title</i>
Tutors Name/s	<i>Full name and title of the tutor/s</i>
Tutors background and experience in the subject	<i>Brief outline of your experience in running a class or training and your background in the subject matter you'll be teaching</i>
Contact Number	<i>Telephone or mobile number</i>
Email Address	<i>Your current and most used email address (if you don't have an email specify how you can be contacted by U3A)</i>
Description of Course	<i>Brief description of what you will be teaching in the class (Overview). Dot points will be sufficient</i>
What will happen each week?	<i>Brief description of the content or activity you will be undertaking</i>
How will the course be delivered?	<i>Describe how the course will be delivered to the participants e.g., Remote (Zoom); on site-hands on; off site; via video etc.</i>
Facilities, Equipment & Assistance Required	<i>What do you need to run the course e.g., Tables, chairs, running water, access to power, screens, computers, storage etc. And do you need some help with operating the equipment</i>
Class numbers	<i>What is the least and maximum number of people you can have in a class to make it viable? e.g., 5 to 15</i>
Student materials needed.	<i>Do you require participants to bring materials from home - if so please describe</i>
Date	<i>Specify the day; length of time; and frequency of your course e.g. Every week once a fortnight</i>
Duration/length of course	<i>How long will this class run e.g. One off; 4 weeks; a semester or one year; ongoing</i>
Endorsement	<i>Office use only</i>
Committee Approval	<i>Office use only</i>

**Note your course will be offered:**

- after committee approval
- if adequate interest is shown and if
- appropriate room & resources are available

*~ By The Members for The Members ~*



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## PROPOSAL FOR NEW COURSES

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Title of course	
Tutors Name/s	
Tutors background and experience in the subject	
Contact Number	
Email Address	
Description of Course	
What will happen each week?	
How will the course be delivered?	
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Class numbers	
Student materials needed.	
Date	
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Endorsement	<i>Office use only</i>
Committee Approval	<i>Office use only</i>