

Date: _____

Expression of Interest

For Life! Program Facilitators

Title: Dr Mrs Miss Mr

Name: _____

Organisation: _____

Position: _____

Contact Address: _____

Suburb: _____ Postcode: _____

Phone no. : _____ Mobile: _____

Email: _____

Manager's Name: _____

Manager's Phone: _____ Manager's Mobile: _____

Manager's Email: _____

Qualifications: _____

Can you produce evidence of these qualifications if required? Yes No

Experience in providing education, particularly to a group: _____

Do you believe that you and/or your organisation would have the resources and capacity to run at least two Life! Courses in the first twelve months of being accredited? Yes No

Have you and your organisation identified potential post program referral pathways for participants of your Life! Programs? Yes No

For more information contact Programs & Accreditation Coordinator on 9667 1773 or 0423 791 205 or email this form to lifeteam@diabetesvic.org.au or fax to 9667 1757.

Call 13 RISK (13 7475) or visit www.diabetesrisk.org.au