## PROFESSIONAL DEVELOPMENT/ TEACHER TRAINING BOOKING FORM

PLEASE USE BLOCK LETTERS AND PROVIDE AN ANSWER TO ALL QUESTIONS ON THIS FORM

Complete this form and return it to <a href="mailto:studytours@tafe.qld.edu.au">studytours@tafe.qld.edu.au</a>

| DETAILS                                   |                    | ENGLISH                          | ENGLISH  |  |
|---|--------------------|----------------------------------|--|--|
| Company name                              |                    | Level of English                 |  |  |
| Contact person                            |                    |                                  |  |  |
|   |                    | PROGRAM                          |  |  |
| Phone number                              |                    | Proposed start date              | Length of visit  |  |
| Email address                             |                    |                                  |  |  |
|   |                    | Preferred campus/city            |  |  |
| Address (for invoice)                     |                    | Focus area (or please atta       | Focus area (or please attach schedule to the return email) |  |
|   |                    |                                  |  |  |
| City/Suburb                               | State              | ADDITIONAL REQUES                | rs   |  |
| Country                                   | Postcode           | Do you require airport trai      | nsfers?  |  |
|   |                    | Yes No - airp                    | ort transfer not required                                  |  |
| ABN                                       |                    | Which airport will you fly t     | o and from?  |  |
|   |                    |                                  |  |  |
| GROUP                                     |                    | _ Do you require excursions      | s to be organised?   |  |
| Nationality                               | Group name         | Yes No                           |  |  |
| Number of participants                    | Participants names | During the week or weeks         | end?   |  |
|   |                    |                                  |  |  |
| Does the Program require English classes? |                    | Do you require any daily r       | neals to be organised?                                     |  |
| Yes No                                    |                    | Yes No  Any dietary requirements | Any dietary requirements?                                  |  |
| How many weeks of classe                  | es?                |                                  |  |  |
|   |                    |                                  |  |  |



## **PLEASE NOTE**

TAFE Queensland International is not responsible for organising visas, flights or insurance.

For further information, please contact:

## **Study Tours Team**

TAFE Queensland International +617 3244 5100 studytours@tafe.qld.edu.au





Professional Development/Teacher Training Booking Form. Version 1.0 (1/6/2020)