

LIFELONG LEARNING PROGRAMME COURSE PROPOSAL FORM

Year:	2019	Programme:	Annual 2019-2020 (Tuesday 27 th August 2019 to Tuesday 30 th June 2020)
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Fully completed forms may be submitted to Marketing Office, Stranmillis University College at any time throughout the year marketing@stran.ac.uk. (Please allow a minimum three (3) month turn around)

COURSE PROPOSAL

1. COURSE TITLE *(Please supply a short title that can be used in the programme)*

2. COURSE DESCRIPTION

Please supply a brief course description (maximum 100 words) for inclusion in the programme. Lifelong Learning reserves the right to edit course descriptions:

Please state if there are any special requirements (data projector, lectern, specific room, TV, flip chart).

Please provide an indication of any expenses that will be associated with the course:

Textbook

If you wish, you may **recommend** a textbook. Please provide full details of recommended reading.

Title:	
Author:	
Publisher:	
Price:	

NB: Please use ONE form per course or workshop you wish to offer.

SESSION INFORMATION

Please indicate your preference:

DAY	DURATION	SESSIONS
<input type="checkbox"/> MONDAY	<input type="checkbox"/> ONE hour	<input type="checkbox"/> 1 session (workshop)
<input type="checkbox"/> TUESDAY	<input type="checkbox"/> 1.5 hour	<input type="checkbox"/> 6 weekly sessions
<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> TWO hours	<input type="checkbox"/> 8 weekly sessions
<input type="checkbox"/> THURSDAY	<input type="checkbox"/> 2.5 hours	<input type="checkbox"/> 10 weekly sessions
<input type="checkbox"/> FRIDAY	<input type="checkbox"/> THREE hours	<input type="checkbox"/> 12 weekly sessions
<input type="checkbox"/> SATURDAY	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

1 x hour	1.5 hours	2 hours	2.5 hours
<input type="checkbox"/> 10:00-11:00	<input type="checkbox"/> 10:00-11:30	<input type="checkbox"/> 10:00-12:00	<input type="checkbox"/> 10:00-12:30
<input type="checkbox"/> 11:00-12:00	<input type="checkbox"/> 11:00-12:30	<input type="checkbox"/> 11:00-13:00	<input type="checkbox"/> 10:30-13:00
<input type="checkbox"/> 12:00-13:00	<input type="checkbox"/> 12:00-13:30	<input type="checkbox"/> 12:00-14:00	<input type="checkbox"/> 11:00-13:30
<input type="checkbox"/> 13:00-14:00	<input type="checkbox"/> 13:00-14:30	<input type="checkbox"/> 13:00-15:00	<input type="checkbox"/> 11:30-14:00
<input type="checkbox"/> 14:00-15:00	<input type="checkbox"/> 14:00-15:30	<input type="checkbox"/> 14:00-16:00	<input type="checkbox"/> 12:00-14:30
<input type="checkbox"/> 15:00-16:00	<input type="checkbox"/> 15:00-16:30	<input type="checkbox"/> 15:00-17:00	<input type="checkbox"/> 12:30-15:0
<input type="checkbox"/> 16:00-17:00	<input type="checkbox"/> 16:00-17:30	<input type="checkbox"/> 16:00-18:00	<input type="checkbox"/> 16:30-19:00
<input type="checkbox"/> 17:00-18:00	<input type="checkbox"/> 17:00-18:30	<input type="checkbox"/> 17:00-19:00	<input type="checkbox"/> 17:00-19:30
<input type="checkbox"/> 18:00-19:00	<input type="checkbox"/> 18:00-19:30	<input type="checkbox"/> 18:00-20:00	<input type="checkbox"/> 17:30-20:00
<input type="checkbox"/> 19:00-20:00	<input type="checkbox"/> 19:00-20:30	<input type="checkbox"/> 19:00-21:00	<input type="checkbox"/> 18:00-20:30
<input type="checkbox"/> 20:00-21:00			<input type="checkbox"/> 18:30-21:00

OTHER SUGGESTION I am fairly flexible and can work around the programme

Day of week	Time	Commencement Date	Finishing Date

Please indicate dates of any scheduled absences

COSTING INFORMATION

Will the number of students on the course be limited?	Yes		No	
What is the maximum number of participants on this course?	_____ (not less than 12)			

Please give the reason for the limit:

IMPORTANT

Before signing the course proposal form please ensure that you have read a copy of the contract and that you have considered Risk Assessment and Health and Safety issues in relation to the course(s) you are proposing.

I confirm that I have a read a copy of the Contract	YES or NO
I confirm that I have read the guidance notes	YES or NO
Having read the guidance notes, do you consider any additional health and safety considerations need to be considered?	
YES or NO	
If YES please prepare a separate risk assessment document for your records.	

ANNUAL EVENTS

We encourage all Lifelong Learning Tutors to attend these important events:

1. Lifelong Learning Annual Event (June)
2. Tutor Information Evening (to be confirmed)

May prospective course participants contact you?

By Phone:	YES or NO	By Email:	YES or NO
Your Phone:		Your Email:	

IMPORTANT INFORMATION

Please note that we are unable to accept all course proposals received. All tutors will be notified by email advising if their course proposal(s) are accepted.

TUTOR NAME		TUTOR SIGNATURE	Signature:
Existing Supplier	YES or NO	NEW supplier	YES or NO
ACCEPTED		REJECTED	Signature:

PLEASE provide 1 sentence about you:

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