



Programme Co-ordinator: Helen Heatley 01202 427360

**Course Description Form 2018/19**

TO: **GROUP LEADERS**

From: Dee Collins, Assistant Co-ordinator 01425 272378

Please complete this form and return it to me at: 9 Solent Road, Walkford, BH23 5PZ by **FRIDAY 20 APRIL 2018**

TERM CALENDAR

Autumn Term	24 September	14 December	12 weeks
Start Spring Term	14 January	22 March	10 weeks
Start Summer Term	29 April	5 July	10 weeks

FOR ALL GROUPS: **CONTINUING / NEW** (please circle)

LEADER ..... Tel No .....

JOINT LEADER (if applic.) ..... Tel No .....

E-MAIL ADDRESS (You **MUST** indicate if you want it to appear in the Programme and are prepared to accept applications to join your group by email) YES / NO (please circle)

GROUP NAME .....  
(Please complete separate sheet for each group)

DAY OF WEEK ..... TIME: Start ..... Finish .....

FREQUENCY OF MEETINGS (please circle): Weekly / Fortnightly / 4-weekly MAX NO IN GROUP.....

PLEASE FILL IN YOUR ACTUAL START AND END DATES FOR EACH TERM (essential for Venue bookings)  
(Refer to attached calendar for fortnightly or 4 weekly meetings)

NUMBER OF TERMS.....

Autumn Term Start..... End..... No. of weeks.....

Spring Term Start..... End..... No. of weeks.....

Summer Term Start..... End..... No. of weeks.....

PREFERRED VENUE.....(Room no. if known) .....

COURSE CONTENT (**20 words maximum please**) – a longer description can be sent to the web-master)

If description is precisely as last year please circle: AS LAST YEAR

Any special equipment required eg sink, projector etc.....

**GROUP LEADERS** please complete for office records, the telephone no. and email address of your **deputy**