**Introduction and Welcome**

Thank you for your interest in delivering the Living Smart course. To maintain program integrity we ask that you complete and submit the following form giving information about your proposed course, your course facilitator (if known), your commitment to delivering the key essential components of Living Smart and to following the rules for using the Living Smart brand.

Course approval will be granted by Be Living Smart Inc. You should ensure you have this approval BEFORE you begin advertising your course. Once this approval has been granted we will assist in advertising your course by placing course information on our website and in our e-newsletter. We will also release to you the logo, publicity material and an editable version of The Action Guide for use in your course.

We look forward to working with you to make your course a huge success!

**Information Required**

**Course Host**

|  |  |
| --- | --- |
| Host Organisation/Person: |  |
| Address: |  |
| Contact Name: |  |
| Contact Phone: |  |
| Contact Email: |  |

**Course Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Course Venue Name: |  | | |
| Course Venue Address: |  | | |
| Course Start and Finish Date: | Start: | Finish: | # weeks: |
| Course Times: |  | | |
| Course Available To: |  | | |
| Cost to participants: | \*$40 membership fee + your cost $ | | |
| Course Enquiries and Enrolments contact person: |  | | |
| Short Course Description: (i.e. guest speakers, garden visits) |  | | |

\**Participant Membership fee is $40 per year. This is paid by direct deposit prior to the course or to the facilitator at the first session and covers the first year of membership to Be Living Smart Inc. Membership includes an informative newsletter, course and event updates.*

**Course Facilitator/s**

If you do not have a trained Living Smart Facilitator we can assist you. Please contact us directly and we can suggest a facilitator or send details of your course to our Facilitator list.

|  |  |
| --- | --- |
| Facilitator Name: |  |
| Facilitator Phone: |  |
| Facilitator Email: |  |
| \*Venue and Date of Living Smart course completed: |  |
| \*Venue and Date of Facilitator Training (or equivalent)completed: |  |
| \*Are you actively on your own living smart journey? Please note latest personal change you have made. |  |
| \*Are you a member of the LS Facilitators Network? Please note dates of last two meetings attended. |  |
| \*Additional Course Facilitator Names: | 1.  2.  3. |

*\* It is a requirement that at least one course facilitator has undertaken the above mentioned activities, and has signed the LS Facilitator Policy and Licensing Agreement.*

**Course Commitment**

The following commitments must be agreed to in order to run a Living Smart course and use the Living Smart brand. Please cross indicating agreement (X):

‘Application to Deliver a Living Smart Course’ agreement is completed and approved before any course advertising or marketing is undertaken, and all commitments listed on the agreement are agreed to and abided by, with any exceptions agreed to by the Be Living Smart Coordinator.

$400 + GST administrative fee for each course will be payable to Be Living Smart Inc. An invoice will be provided to you and payment is to be made within four weeks of the end of the course.

As of Term 4 2012, a course fee of $40 is to be paid by each participant. This course fee also includes the membership to Be Living Smart Inc. for that calendar year. The fee is to be collected by the course facilitator and paid within three weeks of the course starting. Living Smart bank details are listed below.

Be Living Smart Inc membership forms will be given to participants and completed forms sent to the Coordinator within 3 weeks of the course starting.

Course size to be minimum 15 and a maximum 40 enrolled participants.

All Living Smart topics are covered.

There is in-class time for goal setting during each session.

There is sharing of goal setting and/or actions taken each session.

There is some process for the end of course goal setting and/or visioning process.

There is at least one field trip in each course.

Following best practise principles of adult learning include group discussions and activities in each session.

The minimum evaluation components will be completed. These are the current pre-course form, some sort of brainstorming activity where participants list achievements and plans in each Living Smart area and the post-course form.

A basic course report including results of all evaluations will be completed and a copy given to Be Living Smart Inc, based on the pro-forma provided in the Facilitator Training.

A list of potential participants will be forwarded to Be Living Smart Inc one week before the course starts.

A full list of participants and their contact details will be given to Be Living Smart Inc within a month of the course finishing.

Inclusion of the following acknowledgement clause will be made in media releases, course reports and posters:

“*The Living Smart program was developed by the City of Fremantle, Murdoch University and Southern Metropolitan Regional Council and is now coordinated by Be Living Smart Inc.*”

Please detail any exceptions to these commitments: \_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Host:***

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| Signature | Name | Date |

*I agree to the conditions listed above and understand that my signature is authorised by typing my name in the signature box*

***Facilitator*:**

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| --- | --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Signature | Name | Date |

*I agree to the conditions listed above and understand that my signature is authorised by typing my name in the signature box*

**Signed by Be Living Smart Inc Coordinator:**

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| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature | Name | Date |

*I understand that my signature is authorised by typing my name in the signature box*

**Bank Details**

Bank: Bendigo Bank

Account Name: Be Living Smart

Account Number: 143518975

BSB: 633000

ABN: 31 128 118 215

Please write the course name and month as a reference

Please return this form to [jenny@livingsmart.org.au](mailto:jenny@livingsmart.org.au) or mail to Be Living Smart Inc PO Box 1358 Fremantle WA 6959.

If you require any assistance please email [jenny@livingsmart.org.au](mailto:jenny@livingsmart.org.au) or call Jenny Marslen, Be Living Smart Coordinator on 9432 9877 or 0428 936 250.