



APPLICATION FORM 2011

We would like to enrol in (please fill in the fields that apply) :

Programme title	
Cluster or non-cluster programme	cluster non-cluster
In-centre professional learning programme	___ hours

Centre name					
Street address (please include post code)					
Postal address (if different from above)					
Phone number					
Fax number					
MOE number (this number is on your licence)					
GST number					
How many licenses does your centre hold?					
Number of staff employed	<table border="1"> <tr> <td>Full Time</td> <td></td> <td>Part Time</td> <td></td> </tr> </table>	Full Time		Part Time	
Full Time		Part Time			
Centre email address					
Name and email contact of one staff member					
Home phone number					
Cell phone number					

