



<b>Course Name &amp; UOC</b>							
<b>Audience Group/s</b>							
<b>Other UOCs applicable</b>							
<b>Resources/ books/ publications available :</b>							
<b>Mode of learning</b>							
<input type="checkbox"/> Classroom <input type="checkbox"/> Online <input type="checkbox"/> Correspondence <input type="checkbox"/> TV	<input type="checkbox"/> Assessment <input type="checkbox"/> RPL						
<b>Type of Course</b>							
<input type="checkbox"/> CPD elective - Points ..... <input type="checkbox"/> CPD - Mandatory - Points ..... <input type="checkbox"/> License program <input type="checkbox"/> Registration program							
<b>Legislation relevant to Course content</b>							
<b>Subject matter expert (SME)s</b>							
Name:  ADDRESS   TEL/Mob FAX Email	Name:  ADDRESS   TEL/Mob FAX Email						
<b>Writer :</b>							
Name:  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">ADDRESS</td> <td>POSTCODE</td> </tr> <tr> <td>TELEPHONE</td> <td>FAX</td> </tr> <tr> <td colspan="2">EMAIL</td> </tr> </table>		ADDRESS	POSTCODE	TELEPHONE	FAX	EMAIL	
ADDRESS	POSTCODE						
TELEPHONE	FAX						
EMAIL							



Progress :

Date		Completed?
What		
Comments		
Date		Completed?
What		
Comments		
Date		Completed?
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Comments		