Italo-Australian Welfare & Cultural Centre Inc
209 Fitzgerald Street, Perth, WA, 6000; T: 61 8 9228 2220 F: 61 8 9228 2221

LIBRARY MEMBERSHIP FOR TEACHERS OF ITALIAN

EXPRESSION OF INTEREST FORM

If you wish to be placed on our database to receive notifications of our PD Days for Teachers of Italian, please complete this Expression of Interest form and return it to the IAWCC via email (info@iawcc.org.au)

Date: _____

Full name: _____
__
Date of birth: _____

TRBWA ID No: _____ Expiry Date: _____

Working With Children Check Card ID No: _____ Expiry Date: _____

Address: _____

Telephone (H):_____ (M):_____

E-mail:_____

Name of School curently teaching at:
_____

School Address: _____P/c: _____

_____

Please email this Expression of Interest to the IAWCC (E: info@iawcc.org.au)

We are committed to keeping your personal information and will only use this information for the purposes for which you have provided it, or for the purposes related to one of our functions or activities.

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