

## Application for Permission to use *Living Smart* Name

### *For Facilitators & Hosts of proposed Living Smart courses*

We are pleased that you are interested in delivering the Living Smart course. To maintain program integrity we ask that new course facilitators complete and submit the following simple form giving information your proposed course, your course facilitator and commitment to delivering the key components of Living Smart.

Course approval will be granted by the Living Smart partners and, with this approval, we will place the course on our website and release to you the logo, publicity material and when available, a editable version of The Action Guide. Approval for future courses with the same facilitator will not be necessary, but we ask you submit course details and if a public course, text for Living Smart website (page 2).

*Thanks for your application.*

City of Fremantle, Southern Metropolitan Regional Council and Peter Dingle (Murdoch University)

### Contact for Course Facilitator(s)

Facilitator Name(s):

Postal Address:

Phone:

Email:

### Course Details

Potential Venue:

Potential Start Date:

# of weeks:

### Course Facilitator Background

*We require that the course facilitator, or at least one facilitator in your proposed facilitation team, has undertaken the following.*

(Name) has: (please ✓ and complete)

attended a course as a participant to personally experience the Living Smart journey (with exception for regional and interstate facilitators where no nearby courses)

(LS Venue) (Year) 20 # of weeks attended:

attended Living Smart (or equivalent) Facilitator Training  
(Course Name) (Year) 20

is actively on their own living smart journey.

### Course Commitments

The course will be delivered in a non-profit making manner and incorporate the components (✓):

- All Living Smart topics covered
- In-class time for goal setting
- Weekly sharing of goal setting and/or actions taken
- At least one field trip
- Group discussion and activities each session
- Minimum evaluation components (including basic pre-course and end-of-course questionnaires and story capture activities)
- Collating results of evaluation and participant contact details with their permission for Founders.

If there are any exceptions please note these and the reason below.

### Variation & Explanation:

## Details of Host for Course (who undertakes course marketing eg Council)

Name(s):

Postal Address:

Phone:

Email:

*Please tick indicating agreement:*

- Inclusion of the following Acknowledgement clause would be made in media releases, course reports and posters.

“The Living Smart program was developed by The Meeting Place Community Centre, City of Fremantle, Murdoch University and Southern Metropolitan Regional Council.”

Living Smart is in transition to an independent Foundation with administrative and program development positions to support facilitators to deliver the course and build a bigger, better Living Smart program. To do this, funding is needed and the Founders and Governance committee are preparing a business plan that identifies funding partners plus a fee with the delivery of each course.

To support a part-time coordinator role **from July 2010, a Living Smart program support fee will be initially set at the minimum level, 10% of course income**, while the business plan is finalised and further discussion is had with a variety of future course hosts. This fee will be payable directly to SMRC, where the coordinator will be initially located and resourced.

*Please tick indicating agreement:*

- 10% of the course income (funders contribution + participant fees) will be payable to the SMRC

If there are any exceptions please note these and the reason below.

### **Variation & Explanation:**

Facilitator Signature:

Name:

Date:

Host Signature:

Name:

Date:

Send to: The Living Smart Partners, SMRC, PO Box 1501, Booragoon WA 6954 or [livingsmart@smrc.com.au](mailto:livingsmart@smrc.com.au)

## Details for Living Smart Website

*if the Course is to be publicly listed*

Dates	
Time of Week	
Venue	
Venue Address	
Cost	
Open To	
Enrolment Details or RSVP	
Course Content or Event Type	
Contact for queries	

Send to: The Living Smart Partners, SMRC, PO Box 1501, Booragoon WA 6954 or [smrc@smrc.com.au](mailto:smrc@smrc.com.au)