Video conferencing booking



Booking details											
School		Campus address									
Contact teacher	Te	Teacher phone number			Teacher email						
Number of students	Number of	groups	Year I	evel							
			5	6	7	8	9	10	11	12	
Connection details											
Google Chrome	Cisco	Polycom		Zoom		Unsu	ıre				
Other											
IT contact details	ontional)										
IT contact details (a Name		Phone number				Email					
Traine] [
					J						
Preferred dates an	d times										
1st preference		2nd preference			3rd preference						
Desired feare / :	Ε)										
Desired focus (maxing Representation	mum 5)	Scrutiny				Διις	tralian	Consti	itution		
Law-making		•	of gove	ernment		Australian Constitution Separation of powers					
Formation of governm	Three levels of government Active citizenship				Parliament House						
Other	lent	Active citizer	isilib			ган	iameni	. I loust	z.		
Other											
Other information											

Submit form

ELECTRONICALLY – Complete and submit using the 'submit by email' button*

BY EMAIL - Print, scan and email to:

PEOlearning@aph.gov.au

