

Expression of Interest Lexicography Workshop 7-11 May 2018

YOUR DETAILS	
Name:	
Residential Address:	Suburb/Town:
Postal Address (if different to residential):	Post Code:
Phone Number:	
Email Address:	
YOUR QUALIFICATIONS- related to linguistics or lexicography	
Qualification 1:	Year Graduated:
Institute:	
Qualification 1:	Year Graduated:
Institute:	
LANGUAGES YOU ARE STUDYING	
<i>Please list the language and or languages you are working on or have worked on as a linguist</i>	
Language:	
Language:	
Language:	
Others: _____ _____	
Meals, mobility or other information you need us to know about	
<i>Please list any allergies, meal considerations or any mobility matters you need us to take into consideration e.g. no stairs, wheelchair, gluten free food, kosher meals etc</i>	
_____ _____	

Return this form to:
Goldfields Aboriginal Language Centre
info@wangka.com.au or
 to 264 Hannan St, Kalgoorlie 6430

EOI CLOSING DATE 30th March 2018 (or before if all places filled)