

Professional Development, Request for Funding

Individual: _____ Signature: _____

Team: _____

Date & Time Received: _____ Received by: _____

Title of Professional Development Activity: _____

Venue: _____ Date(s) of Activity: _____

Key Presenter(s) or Trainer(s): _____

Brief description of the nature of the PD provision:

Does this PD support the School Improvement Plan? Yes No

Does this PD support your Performance and Development Plan(s)? Yes No

Briefly describe how the Improvement Goals will be supported by this PD:

Otherwise, briefly describe the benefits of this PD to the school or your professional competence:

Please itemise the costs involved: Registration: _____ Communications: _____

Replacement Staff: _____ Travel: _____ Resources: _____

Meals: _____ Accommodation: _____ Other: _____

TOTAL: _____