|  |  |
| --- | --- |
|  | **PROFESSIONAL DEVELOPMENT APPLICATION 2019**  **This form must be completed for all PD.**  **Please complete and return this form to Sarah Mackenzie at least**  **10 working days before the Registration closing date.** |

**Important Information:**

* Complete Professional Development Application and attach relevant documentation.
* Obtain approval and relevant signatures.
* Return completed application to Sarah Mackenzie. Sarah Mackenzie will process the application and provide you with a School Purchase Order Number so you can register for the event.
* **Registration in the event is your responsibility**.
* Sarah Mackenzie will notify Daily Organiser via the daily organiser book.
* Please make sure that you leave appropriate work for any class that requires cover on the day.
* All PD is processed on a Thursday. All staff will be notified by email.
* All Invoices to be forwarded to the PD Co-ordinator (Sarah Mackenzie).

1. **PROGRAM DETAILS:**

Name of Staff Member/s:

Title of Activity:

Venue:

Day & Date:

PD Session Times:

Program Organiser/Body:

Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of Payment:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Order/Tax Invoice |  |  | Order / Online Registration / Tax Invoice |  |  | Other |  |
|  |  |  |  | **Please State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

If funded outside PD budget, please state source:

1. **DAILY ORG REQUIREMENTS:**

Is CRT coverage required YES / NO **If YES please complete the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day & Date** |  |  |  |
| Period 1 |  |  |  |
| Period 2 |  |  |  |
| Learning Mentor |  |  |  |
| Period 3 |  |  |  |
| Period 4 |  |  |  |
| Period 5 |  |  |  |
| Period 6 |  |  |  |

Is CRT reimbursement available? If yes, please attach information to your application.

1. **PROFESSIONAL LEARNING RATIONALE:**

Professional Learning activities are targeted towards improvement areas identified in each staff member’s Performance and Development Plan. The plan reflects the elements of the Learning Framework.

Staff members will need to identify how the activity contributes to their development in line with the Annual Implementation Plan. All PD must be recorded and classified to ensure that the majority of the PD budget is spent on our PD priorities and those of the Strategic Plan.

Tick all boxes that apply:

|  |  |  |
| --- | --- | --- |
| * Improve individual student learning growth |  |  |
|  |  |  |
| * Increase student engagement in their learning |  |  |
|  |  |  |
| * Foster a supportive and caring learning culture |  |  |
|  |  |  |
| * Improve all learning spaces |  |  |
|  |  |  |
| * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

Indicate how this activity relates to your Performance and Development Plan.

|  |
| --- |
| How do you intend to share the outcomes with your LA colleagues or other teams? |

1. **APPROVALS:**

Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learning Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learning Area Leader Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AP Learning – Jessica Sargeant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or

AP Operations – Michele Kennedy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_