



# PROFESSIONAL LEARNING APPLICATION FORM

To be used if an absence from normal duties is involved and/or financial assistance is required

<b>1. Personal Details</b>			
Name			
Position title			
Department			
<b>2. Activity</b>			
<input type="checkbox"/> Professional Learning <input type="checkbox"/> Network Meetings <input type="checkbox"/> Association Meetings <input type="checkbox"/> Planning Day			
Name of Course/Meeting			
Date(s)			
Duration (Time)			
Provider/Facilitator			
Venue and Location			
<i>It is expected that teachers will provide details of relevant lesson plans and work to be covered by their classes. You also must inform the Student Services Administration Officer as soon as the application has been approved. <b>Please ATTACH copies of all relevant registration forms and supporting documents.</b></i>			
<b>3. Activity Costs &amp; Details</b>			
Cost of Program/Conference registration/Course etc.	\$		
Other associated costs (please tick)	YES		NO
Relief Teacher required	<input type="checkbox"/>	<input type="checkbox"/>	
Travel	<input type="checkbox"/>	<input type="checkbox"/>	
Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	
Meals	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4. How will this experience support your Professional Learning Plan and/or Faculty Goals? Provide details of your goal/s</b>			
<b>5. Recommendation</b>		<b>6. Approval</b>	
<input type="checkbox"/> YES / <input type="checkbox"/> NO		<input type="checkbox"/> YES / <input type="checkbox"/> NO	
Director/Coordinator/Head of Faculty Approval		Student Services Manager Approval	
Name		Name	
Signature		Signature	
Date		Date	
<b>7. Approval</b>		Applicants should note that, in principle, the recommendations of all signatories will be required for ratification and that the availability of financial assistance may be limited by the Professional Learning Budget. If any application is refused, the applicant/s will be given full reasons. Notifications will be issued from the Deputy Principal's office. <b>Please ensure that applications are lodged at least four weeks before the relevant date, wherever possible.</b>	
<input type="checkbox"/> YES / <input type="checkbox"/> NO			
Deputy Principal/CFOO Approval			
Name			
Signature			
Date			