

FUNDING AND SELF DIRECTED PRE-APPROVAL APPLICATION (FORM A)

EMAIL: cowichandta@shaw.ca

School or worksite:	Date: (mm/dd/yy) ____ / ____ / ____
Name: (Last, First)	
Home E-mail:	
School/Site:	
Name of Event/Workshop (please do not abbreviate) * <i>Self-directed pro d on following page:</i>	
Event Location:	
Event Date (mm/dd/yy): From ____ / ____ / ____ To ____ / ____ / ____	
Teacher Teaching on Call Required	
<input type="checkbox"/> No – not required <input type="checkbox"/> Yes, on _____ <input type="checkbox"/> full day <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> No – non-enrolling	

Some of the costs below will be estimates. Actual reimbursement will be for amounts shown on **original receipts** that are submitted with the expense report after the event. ***For this school year, the personal allotment is \$500 per member, plus the cost of one TTOC.***

Registration Fee:	
Travel Costs: (Original receipts required for airfare, ground transportation and other costs.)	
* Airfare: (Ticket stubs, boarding passes and/or e-tickets must accompany receipt.)	
* Ferry	
* Bus/Taxi/Parking/Highway Tolls	
* Hotel	
Receipts not Required for:	
* Automobile from Fuel Grid	
* Meals: Breakfast \$12 on _____	
Lunch \$14 on _____	
Dinner \$24 on _____	
TOTAL	

FOR OFFICE USE ONLY
 Date Received: _____
 Approved by: _____
CDTA PD Chair

Pre-approval email sent by: _____
 and _____
CDTA PD Treasurer

SELF-DIRECTED PROFESSIONAL DEVELOPMENT PLANNING

Teaching and Curriculum: What area(s) of curriculum does your application pertain to?

What teaching skills are you hoping to acquire/enhance through this activity? e.g. use of a variety/new teaching strategies, effective skills in revolving classroom crisis, effective teacher-parent conferences/communication, etc

How will this self-directed Professional Development improve and impact student learning?

Please remember:

- **No applications will be considered after an event (see section 4.18 of Appendix 2 of the CDTA constitution).**
- Approval is based on factors specified in Appendix 2 of the CDTA *Policies & Procedures* (see your staff rep or on Online).
- You will be advised of the result of your application via e-mail.
- Follow the directions on the Funding Pre-Approval (Form A) and Reimbursement (Form B) in order to be reimbursed.
- It is expected that successful applicants to the Fund will be willing to share what they have learned from the conference or event. From 4.20 of Appendix 2 of the CDTA constitution, *"A teacher attending workshops, conferences or seminars is expected to be available as a local resource person for their school staff and/or other district teacher group(s)."*
- **Funding is from July 1st to June 30th of the current school year.**

Have you:

- ✓ Completed this form in full?
- ✓ Completed a leave of absence form if leaving district?
- ✓ Submitted this form to the school/site PD Rep for authorization **3** weeks prior to activity **and** to CDTA office for pre-approval?
- ✓ Informed your Administrator of the date(s) you will be absent?
- ✓ Used the PD Account Code when calling to report absence or for a TTOC (Account Code 2600)
- ✓ Made a photocopy of this application form?
- ✓ Completed the self-directed section if applicable?

Signature of Applicant: _____ and PD Rep Initials: _____