**COWICHAN VALLEY TEACHERS’ PROFESSIONAL DEVELOPMENT FUND**

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

**2020-2021**

**EMAIL:** cowichandta@shaw.ca

<table>
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<tr>
<th>School or worksite:</th>
<th>Date: (mm/dd/yy)</th>
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<th>Name: (Last, First)</th>
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<tr>
<th>Name of Event/Workshop (please do not abbreviate) * Self-directed pro d on following page:</th>
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<th>Event Location:</th>
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<th>Event Date (mm/dd/yy):</th>
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<td>From ___<em><strong><strong><strong>/</strong></strong></strong></em></td>
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<td>To ___<em><strong><strong><strong>/</strong></strong></strong></em></td>
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**TTOC Required**

- **TTOC day cannot be used for travel purposes without prior approval of PD Committee.**
  - No – not required
  - Yes, on ____________________ full day am pm
  - No – non-enrolling

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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 $600 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 __________* Meals may only be claimed for attendance at out of district pro-d.

**TOTAL**

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**FOR OFFICE USE ONLY**

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<tr>
<th>Date Received: ____________________________</th>
<th>Pre-approval email sent by: ____________________________</th>
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<tr>
<td>Approved by: ______________________________</td>
<td>CVTU PD Executive</td>
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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 CVTU constitution).

• Approval is based on factors specified in Appendix 2 of the CVTU 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 CVTU 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 CVTU 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:__________________________