



Professional Development – Application Form 2019 Interstate or Overseas Training

Name: _____ **Date:** _____

Teacher: Brighton or Caulfield Campus
Cycle: 1 2 3 4 5 **Or Specialist Teacher** _____:

Title of Training or Workshop: _____
State or Country of the Training or Workshop: _____

Supplier/Trainer: _____

Outline the key elements of the program
(*Attach a copy of the course structure, along with associated costs): _____

Start Date: _____ **Finish Date:** _____

Associated Costs: _____ **Teacher Contribution (if applicable):** _____

Relief Teacher necessary (circle): Y N **Dates/Times Required:** _____

Teacher's Signature: _____

My Checklist

Please read and ensure you have completed the following:

- I have registered myself and completed the necessary application, including MMS purchase order/Reimbursement form (as applicable)
- I have notified HR of my CRT requirements during my absence
- I will organise the flights myself and notify Administration
- I will make sure that Administration receive all INVOICES so that the PD can be paid by due dates

You will be nominated by the Principal or Deputy directly to undertake this training

Principal's Signature: _____

Date: _____