



Inspiring our children
to create a better world
with their *own* two hands

**Melbourne
Montessori
School**

Professional Development – Application Form 2021

Name:

Date:

Campus: Caulfield

Brighton

Room Number:

Cycle: 1 2 3 4

Or Specialist Teacher (give details):

Title of Course or Workshop:

Supplier/Trainer:

Please outline the program (and attach a copy of the course brochure):

Reasons you wish to undertake this PD:

How will you contribute towards the PD?

Please explain the benefits of this program to our school:

Start Date:

Time:

Finish Date:

Time:

Associated Costs:

Teacher Contribution:

Relief Teacher necessary (circle): Y N Name:

ALL PDS NEED TO BE APPROVED BY THE PRINCIPAL

Please read and ensure you complete the following:

- My Yard Duty will be affected and I will make sure it is covered for the time I am away
- Once PD has been approved, I will register myself for this course
- I will make sure that Administration receive INVOICE so that PD can be paid

Teacher's Signature:

Application approved:

Yes

No

Principal's comments: _____

Principal's Signature:

Date: