

APPENDIX A

APPLICATION FOR FACULTY PROFESSIONAL DEVELOPMENT FUND

1.0 General Information:

The following information must be included as part of your application. Decisions are made on the basis of this information: Please complete each section in the following chart as applicable:

i)	Applicant Name:	Date:
ii)	School/Department/Program;	
iii)	Contact Information (telephone and email):	
iv)	Name of PD Activity:	Location:
v)	Date(s) of PD Activity (including travel time if necessary):	
vi)	Description and particulars of the proposed PD activity (no longer than one-half page). Attach any pamphlet, brochure or itinerary as available:	
vii)	Description of how the College will benefit from the individual's participation in this PD Activity (no longer than one paragraph). Note: Presentation of the PD activity to other College Colleagues by the individual may be requested:	
viii)	Statement of applicability towards established PD priorities referencing one or more of the following (no longer than one page): <ul style="list-style-type: none"> ✓ PD activities that support and enhance teaching, learning or professionalism. ✓ PD activities required to maintain and support individual's program accreditation. ✓ PD activities necessitated by changes to individual's program/vocational standards. ✓ PD activities that will enhance the individual's program review process and maintain relevant curriculum. ✓ PD activities that will provide the individual with certification, qualification or training. ✓ PD activities that support the individual's currency in their field. ✓ PD relevance to the individual's PD plan ✓ PD activities are scheduled or attended within Provincial or North American locations. (Note: International activities are only approved by special consideration of the College President). 	

ix)	Copy of your individual PD plan (<i>attach if applicable</i>):
x)	Travel Approval Request Form if required (<i>appendix C</i>): <input type="checkbox"/> Completed and attached <input type="checkbox"/> Not required
xi)	Additional supporting PD information (i.e. materials, documents, activities: <input type="checkbox"/> Additional supporting information or materials attached. <input type="checkbox"/> None.

2.0 Proposed Professional Development Expenses:

Itemized expenses and/or a proposed budget is required and must be provided in the following table (only the items listed in the table below will be considered for approved and reimbursement). Provide the “description/specifics” and ‘amounts requested” in the appropriate column for each category that applies.

In the “Description/Specifics” column, include sufficient and relevant details to explain the requested amounts. For example:

- Fees - indicate type (i.e. registration, membership etc.)
- Supplies, Equipment, Other - add specifics to identify items
- Travel – show destination and dates (please refer to the Travel, Meals, and Hospitality Operating Practice 2-1-01 on our website for details)

Category	Description/Specifics	Amount Requested
Fees		\$
Supplies		\$
Equipment		\$
Travel: Air/car rental		\$
Travel: Lodging		\$
Travel: Meals		\$
Travel: Mileage		\$
Other (specify)		\$
Other (specify)		\$
Total PD Amount Requested		\$ (A)

3.0 Employee PD Spending Account Contribution:

It is an expectation that employees will contribute from their Professional Development Spending Account towards this PD activity. Any other monetary assistance from other sources must also be included (please specify). Complete the following chart.

	Amount
Applicant's current available Professional Development Spending Account total	\$
Other available funding (i.e. bursary, association etc.)	\$
Applicant's Total Contribution	\$ (B)

4.0 Previous PD Approvals:

The College will strive to approve Professional Development funds in a fair and equitable manner across the College and employees. Priority will be given to those applicants who have not received PD funding in the past 3 years. Complete the following chart.

Have you received PD funding in the past three years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If "Yes" please provide name and date of the PD activity.	Date:
If "Yes", purpose of previous funded PD activity?	

5.0 Signatures and Supervisor's Comments:

This PD application must be completed, signed, dated and submitted to the appropriate Supervisor for their comments and signature before being forwarded to the PD Selection Committee.

Applicant Signature:

DATE:

Supervisor's Comments:

Supervisor Signature:

DATE:

Note: Supervisor to forward completed PD application to PD Committee for review and final approval.