**Continuing Professional Development**

**APPLICATION FORM 2024-2025**

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| **Staff Name**(Including code) |  |
| **Course/activity title:**(include reference number) |  |
| **Organising Body:** |  |
| **Contact Address & Telephone Number** |  |
| **Day(s) & Date(s) of Course** |   |
| **Time out of school**(E.g. all day, 9:00-12:00 etc) |  |
| **Course fee**  |  |
| **Number of lessons needed for cover including year 12/13****(Please state which periods)** |  |
| **Registration cover required?** |  |
| **Special dietary requirements (please state)** |  |
| **Expected travel expenses** |  |

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| **School Development Plan: Areas of Focus 2024/25** |
| **Method of Dissemination** – Please tick/highlight |
| SLT Meeting feedback Faculty Meeting feedback Year Team Meeting feedback Provision feedback Department feedback  | Other (please specify) |

**If cover is approved,** **please check cover with the Cover Manager, fill in this form and forward to your Line manager/HOF. If approved by your Line Manager/HOF, please forward to Helen Langsam for final approval.**

**Authorised by**

Helen Flavin (Cover): Date:

HOF/Line Manager: Date:

Helen Langsam: Date:

**Administration Only**

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| **Job required** |  |
| Cover diary checked with Helen Flavin |  |
| HOF/Line Manager approved |  |
| Helen Langsam final approval |  |
| Course booked by Michelle Andrews |  |
| Details of course entered in Database |  |
| Feedback evaluation request sent |  |
| Completed Feedback evaluation received |  |