**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 |  |