

PROFESSIONAL DEVELOPMENT FUNDING CRITERIA

Well planned and self-directed professional development is worthwhile for all teachers. E.T.F.O. Durham Teachers' Local supports your professional development by assisting with the cost of expenses incurred, subject to the following guidelines:

1. Funding may be granted to statutory members of E.T.F.O. Durham Teachers' Local.
2. Applications are to be made on the form provided and forwarded to:

**Attention:
Sirku Meldrum
ETFO Durham Local office
e-mail: pd@durhametfo.ca**

3. Please direct questions to Sirku Meldrum via e-mail at pd@durhametfo.ca
4. Each applicant may receive approval for funding up to a maximum of \$250.00 or \$100.00 plus the cost of a supply teacher for one day.
5. A teacher may be granted funding **once every second school year**.
6. Professional development funding **may** be used for workshops, conferences, professional materials, university courses or basic/additional qualifications courses. **Funding is not available for a professional activity, institute, course or conference which is adversarial to an educational or union model. Principal Qualification Program courses are ineligible for funding.**
7. Applicants will be informed of the approval of their application via e-mail. If funding is granted, receipts must be attached and forwarded to Sirku Meldrum at the ETFO Durham Local office **within thirty (30) days of the conclusion of the course/conference**. Applicants **will not** be reimbursed if receipts are received beyond the thirty (30) day limit. Your cheque will be sent to you via Board courier within 3 weeks.
8. **FUNDING MUST BE APPROVED 2 WEEKS PRIOR TO ATTENDING A COURSE/CONFERENCE. FUNDING FOR RESOURCES MUST BE APPROVED PRIOR TO PURCHASE. RECEIPTS DATED PRIOR TO APPROVAL WILL BE DENIED!**
THE DEADLINE TO APPLY FOR P.D. FUNDING FOR SUMMER COURSES IS JUNE 15TH.

PROFESSIONAL DEVELOPMENT APPLICATION

Date of Application: _____ Date Received: _____

Name: _____ School: _____

Full Name of Course/Conference: _____

Location: _____ Course/Conference Date: _____

E-Mail: _____
(If you listed your Lotus Notes e-mail address, please specify the exact spelling of your name on Lotus Notes.)

Approved Expenses

Anticipated Costs

Registration Fee

Travel (\$.45/km)

Meals

Occasional Teacher Coverage

Dependent Care

Other (specify)

- Release time approved by Principal
if occasional teacher coverage is required.

Signature

Applicant's Signature: _____

FOR OFFICE USE ONLY

- Application accepted. Granted \$_____ 1 Supply Day
 Application rejected.

Chairperson's Signature: _____