



Delta Teachers' Association

Professional Development Application

Self-Directed

Form 5160SD

110—4977 Trenant Street, Delta, BC V4K 2K5
 Fax # 604-946-1629 Phone # 604-9460-0391 email: marilyn@deltateachers.org

DTA Use Only	Date Received	Number
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Date of Application: _____

Name: _____

School/Worksite: _____

Date(s) of Activity: _____

Describe Planned Activity/PD Plan in Brief: _____

POLICY & PROCEDURE—please read before submitting your application

1. Intended for individuals to carry out their **personal** professional development plan. Activities can include: school or program visits, mentoring and peer coaching, collaboration and research.
2. Each application is limited to 1 TTOC day per year.
3. This funding is separate from the yearly PD limit.
4. Applications must be received by the DTA office at least 14 days in advance of the activity.

DTA FUNDING REQUESTED

Release Time: TTOC required for 1/2 day or 1 day @ \$ _____ per day. \$ _____

Total amount requested: \$ _____

Principals signature (required if absent from school): _____

PD Contacts Signature: _____

APPROVAL (DTA use only)

FUNDING NOT GRANTED:

Reason: _____

FUNDING APPROVED:

Amount \$ _____

PD Chair Signature: _____

Accounting purposes only (DTA use)

Date: _____

Cheque # _____

Amount: \$ _____