

Pembina Trails School Division
Professional Development Fund Application Form
 2008-2009

* **Note: This form is not used for Category 4 applications.**

Claimant to Complete Item Nos. 1-12(b) SEE REVERSE FOR INSTRUCTIONS	
1. Name of applicant	
2. School	
3. Date of application	
4. P.D. Fund Category Number *	
5. Describe the P.D. activity:	
6. List any financial support from other sources:	
7. Location of the activity	
8(a). Date of first day of the P.D. activity	
8(b). Date of last day of the P.D. activity	
9. Anticipated costs of the professional development activity.	
Cost Details	Amount
(a) Registration/Course Fees	
(b) Travel (to and from Winnipeg to location of P.D. activity) – complete (i) and (ii) or (iii)	
(i) Airfare including airport taxes	
(ii) Taxi or limousine costs between airport and hotel in P.D. location and airport and home OR alternatively parking at airport in Winnipeg	
(iii) Mileage (as an alternative to airfare – if riding with others, mileage to be split amongst all riders)	
(c) Hotel Costs (room and taxes only)	
(d) Per Diem (ELIGIBLE FOR OUTSIDE MANITOBA ONLY) The per diem is intended to contribute to all expenses other than those more expressly set out in the application form. For example, the per diem contributes towards meals, taxis, limousines, parking, telephone, etc. Receipts will NOT be required for the per diem payments when filing the claim form.	
(i) IN CANADA OUTSIDE MANITOBA: No. of days of P.D. activity + day before and day after (MAXIMUM is 5 DAYS) _____ x \$50	
(ii) OUTSIDE CANADA: No. of days of P.D. activity + day before and day after (MAXIMUM is 5 DAYS) _____ x \$70 Cdn.	
(e) Other costs (IN MANITOBA ONLY) – parking, meals, etc. (receipts are required to be attached to claim form)	
TOTAL ANTICIPATED COSTS EXCLUDING SUBSTITUTES:	
10(a). Do you require a substitute teacher? Yes or No	
10(b). If you require a substitute teacher, for how many days?	
11. Indicate relevance of PD opportunity. (i.e. PGM)	
12. Willingness to share information: (i.e. Facilitator / Resource / Information contact / Networking group)	

Principal/Supervisor

Teacher Signature

For completion by the Management Committee	
13. Approval number	2008/09-
	2009/10-
14. Date of Management Meeting at which approved	
15. Category of approval	
16. Maximum support for anticipated costs before substitutes	
17. Maximum number of days of substitute support	

Approval Signature

Application Form Instructions

1. Applicants are expected to apply BEFORE the activity takes place and in time for the Management Committee to consider the application prior to the date of the activity.
2. The completed application form with the Principal's/Supervisor's signature must be submitted to Mr. Ted Fransen, Assistant Superintendent. A copy of the program and/or registration form must accompany the application form.
3. A copy of the application form must be submitted to the Principal or Supervisor.
4. Any changes in the activity approved by the Management Committee must be reported to the Assistant Superintendent, immediately and is subject to an amending approval from the Management Committee.
5. Tentative dates for Management Committee consideration of applications:
 - October 7, 2008
 - November 18, 2008
 - January 19, 2009
 - March 9, 2009
 - May 12, 2009
 - June 16, 2009

6. **APPLICATION DEADLINES**

- **September 29, 2008**
- **November 10, 2008**
- **January 12, 2009**
- **March 2 , 2009**
- **May 4 , 2009**
- **June 8 , 2009**