

PRO D COMMITTEE OR ASSOC. SUPT. USE ONLY

Date Received

APPROVED

NOT APPROVED

REASON #

(If not approved, please revise and resubmit)

## VSB Teacher Temporary Supplemental Professional Development Fund Application 2019-2020

Teacher(s)  
Name(s)

SCHOOL:

PRINCIPAL'S NAME

PRINCIPAL'S SIGNATURE

PRO D CHAIR'S NAME

PRO D CHAIR'S SIGNATURE

This application form accompanies the *Guidelines for Use and Access of the Temporary Supplementary Professional Development Funds*. Please ensure that this completed application meets the criteria as outlined in this document.

We have received, read, understand and agree with the guidelines. [Check here](#)

1. What is the Professional Development opportunity you are seeking to engage in? For workshops or conferences, please attach information. For anything else, please provide relevant details.

2. Using the Pro-D lens, explain how your activity is relevant, responsible and autonomous.

3. What is the cost of the activity/opportunity? Please break down costs as applicable.

4. What funding have you already accessed through your school-based Professional Development accounts?  
*(ie. VTF/VSB Joint Pro D, Professional & Staff Development Funds)*

Date of Submission:

### **Timelines**

- Applications will be received starting June 3<sup>rd</sup> 2019
- Applications must be emailed to [supplepd@vsb.bc.ca](mailto:supplepd@vsb.bc.ca)