****

**Professional Development Application Form**

**Qualifying Criteria**

*The P.D. applicant/application* ***must meet*** *each of the following criteria prior to review:*

* P.D. Proposal is discussed with department/program team leader.
* P.D. Proposal is within your department/school P.D. allocation.
* Application is complete, including supporting documentation.
* The estimated costs documented are accurate and reflect the maximum expected costs as of the application date (normal currency fluctuations are expected; see cost estimate chart).
* Dean/Supervisor and, *if this is a corporate P.D. request, Vice-President, Human Resources & Strategic Development*, have approved and signed this proposal.
* A written report outlining your professional development activities, noting specific outcomes which indicate both personal and College benefits is to be submitted to Dean/Supervisor. *If this is a corporate P.D. request, a copy of your report must be sent to the Vice-President, Human Resources & Strategic Development.*

**Disqualifying Criteria**

* Program marketing
* Articulation activities
* Field placement
* Release time for course/program development
* Hospitality

**Professional Development Guidelines**

* Discretion should be applied to the approval of employees to attend workshops, conferences and seminars. The guideline is one employee per event unless approved by the Supervisor/Dean. Following usual practice, necessary job-related training should be approved by the immediate supervisor and budgeted through the department/school

**General Information**

|  |  |
| --- | --- |
| **Applicant Name** |  |
| **Date** |  |
| **School/Department** |  |
| **Activity** |  |
| **Location** |  |
| **Date(s) of Activity** |  |
| **Sponsoring Org.** |  |
| **Objective(s) of Activity** |  |

**Application Evaluation Criteria**

***Please answer the following questions in the space provided. Be sure to respond to all questions completely as this will be the basis upon which your application is evaluated.***

|  |
| --- |
| **Objectives** |
| How does this proposal support the College, School/Department objectives? Indicate how your proposal ties in with your P.D. Plan. |
| How will the activity increase your knowledge base in your current and/or future role? |
| How will this activity enhance/improve the effectiveness of your work? |
| Does this activity improve your formal educational qualifications? Explain. |
| Is this activity necessary to maintain or upgrade professional qualifications? Explain. |
| How do you plan to share the benefits of this activity with your colleagues? |
| How will this activity enhance/improve the effectiveness of your work? |
| **Frequency** |
| Have you previously accessed P.D. funds?   * Yes * No |
| If yes, how long has it been since you last accessed P.D. Funds:   * 6-12 months * 2 years * over 3 years |
| Have you previously received P.D. funding for the same or similar activity?   * Yes * No |
| **Costs** |
| How have you made an effort to be economical? Car pooling/car renting. |
| Will you receive remuneration for this activity?   * Yes * No   If yes, explain. |
| How will your responsibilities be covered while you are away? |

**For Support Staff Only**

This section is applicable for Support Staff only who are requesting PD time under **Article 9.5** of the Support Staff Collective Agreement:

How many days of Article 9.5 PD are you requesting? □ One (1) □ Two (2) □ Three (3)

Describe the transferrable job skills that you expect to achieve through this PD. Please be specific in describing the skills.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cost Estimates**

*Please record all estimates in Canadian dollars.****The guideline is one employee per event unless approved by the appropriate ELT member.***

|  |  |
| --- | --- |
| **Cost Item** | **Estimated Cost** |
| **Registration Fee:** |  |
| **Travel:**  by car:                  #km:            x (approved km. rate in effect) |  |
| rental fees |  |
| by plane:         airfare |  |
| airport transfer charges |  |
| **Accommodations:**                  # nights:       x rate: |  |
| **Meals:** (not included in the registration fee) [***Click here for Accounting Expense form for current rates***](http://fleming0.flemingc.on.ca/ff/accounting/) |  |
| # breakfasts x current rate |  |
| # lunches:      x current rate |  |
| # dinners:      x current |  |
| **Other Costs** (eg. backfill, overtime - please specify): |  |
|  |  |
| **Sub-total** |  |
| **G.S.T.** |  |
| **Total Estimated Expenses** | $ |

**Advances**

Be sure to attach a **completed cheque request** form for **each** of the following, as required:

* A travel advance form
* A one-time-only vendor form for the registration fee

(both of these forms are available on the Finance, Facilities & Purchasing intranet site)

  *Note: No expense account will be processed until an expense form, receipts and P.D. report are submitted to your Dean/Supervisor and Professional Development Team Representative (within 30 days of return).*

**Approval**

*Obtain the signatures in the order listed before submitting to the P.D. Team. You will receive a copy when approved by the Team.*

|  |  |
| --- | --- |
| **Employee** |  |
| **Dean/Supervisor** |  |
| **VP HR & Strategic Development**  (if a corporate request) |  |