**CCTA Professional Development**

**In-District Workshop Application Form 2022-23**

**Please note: this form is for people wanting to *present* a workshop.**

This form should be submitted to the PD Chair at least one month prior to the date of your workshop. Please email this form to Nara Riplinger at **nara.riplinger@sd27.bc.ca**. Once approved, a signed copy of this form will be returned to you by email; **keep the approved copy for resubmission after the event.**

School Name: Time & Date:

Title of Event: Location:

CCTA Contact Person for this event:

Phone # Fax:

Number of Staff Attending: Open Seats Available: Total:

Objectives of the Workshop and/or Activities Planned:

Budget: Please do not make budget commitments prior to receiving approval from the committee. Please be aware of any cancellation policies your facilitator may impose if you do not meet the minimum number of CCTA members attending and have to cancel the workshop.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Amount Projected** | **Amount Approved** | **Actual Amount Used** |
| Travel |  |  |  |
| **Fee for service** |  |  |  |
| **Accommodations / Meals** |  |  |  |
| **TTOC cost for facilitator (if any)** |  |  |  |
| **TTOC costs for CCTA members attending (if any)** |  |  |  |
| **Other (specify)** |  |  |  |
| **Total** |  |  |  |

Signature of Sponsor(s): Date:

Approved by PD Chairperson (Signature): Date:

**Organizers & Facilitators: Please list names and addresses of all persons who require payment and attach receipts for all expenses except mileage**.