

Staff Name & Code: _____

PD No: _____

(Office use only)

Avondale College Application for Staff Professional Development

DO NOT REGISTER FOR THE COURSE UNTIL YOU HAVE GAINED APPROVAL

Professional Development Activity (please tick and give details below)

Course Name and Organisation _____

Course Time _____ **Course Cost \$** _____

I have attached info regarding extra cost (ie. transport, accommodation)

I have attached details regarding PD Provider & Itinerary

Venue: _____

Department PD _____

Date(s) _____

(please list if more than one)

Final date for Registration _____

Rationale for Attending (please tick and give details for at least ONE of the below)

Personal Appraisal Goals _____

Department Goals & Contributions _____

Other _____

Staff Involved and Teacher Relief Required

Date	Code	Number or Periods Relief Required						
		<i>(please circle)</i>						
		Home Room	1	2	3	4	5	Nil
		Home Room	1	2	3	4	5	Nil
		Home Room	1	2	3	4	5	Nil
		Home Room	1	2	3	4	5	Nil
		Home Room	1	2	3	4	5	Nil
		Home Room	1	2	3	4	5	Nil

Signatures required:

Director _____ **Department** _____

Deputy Principal _____

Deputy Principal (PD) _____

Approved Yes / No

FOR ACCOUNTING PURPOSES ONLY

Department _____ **Teacher Codes** _____

_____ days \$ _____

DR A/C Professional Development \$ _____ **CR A/C Relief Salaries \$** _____

(Cost code: 2955)

(Cost code: 2876)

Date of Course _____



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COLLEGE**

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