

## NATIONAL/INTERNATIONAL APPLICATION POLICY

## NATIONAL/INTERNATIONAL CONFERENCE APPLICATION PROCEDURES

Please refer to Guidelines on left of this page, and complete steps below.

1. **Funds may be accessed up to \$1,500 within a five year period.**
2. **To be considered by the PD Committee, applications for the periods:**
  - July 1<sup>st</sup> - November 30 must be submitted by **May 10**
  - December 1 – March 30 must be submitted by **October 10**
  - April 1 – June 30 must be submitted by **January 10**
3. **Eligibility:**
  - a) DTA member for four or more years.
  - b) Must relate to individual professional growth.
  - c) Must be prepared to share learning/experience (see p. 2).
  - d) Must be an event organized by a recognized national or international organization relating to education.
4. **Priority:**

Members who have not previously received funding for a national/international conference.
5. **Preference:**
  - a) Conferences within North America;
  - b) Relevance to applicant's areas of teaching.
  - c) Relevance to District and DTA
6. **Uses of funding in priority order:**
  - a) Registration.
  - b) Release coverage – up to two TOC days. Coverage of up to 2 extra days may be available depending on availability of funds – *please contact the DTA office for information.*
  - c) May subsidize accommodation, meals and transportation.
7. **Limits:**
  - a) Funding will not cover chaperoning, membership fees, tuition costs.
  - b) A maximum of two members will be approved for any one conference.
  - c) Superintendent's approval required.  
**Applicant is responsible for submitting form. This form is available in District Policy Book (see operations #3133.2).**

1. **Request Superintendent's approval using Operations #3133.2 Form.**

2. **Complete application form, attach conference brochure and Superintendent's approval and send to DTA by dates indicated.**

3. **DTA PD Committee considers application and makes a decision. DTA will then inform the applicant of their decision by email, phone or school mail.**

4. **If approved, obtain a release code from the TOC desk if a TOC is required, and book a TOC using SEMS\*.**

**\*SEMS absent reason code #09**

5. **After attending the conference, submit receipts and a brief report of the conference. Attach to the approved application and send to DTA within five (5) weeks of the event.**

6. **All payments for PD activities will be made upon the presentation of receipts after the date of the event.**



# Delta Teachers' Association

National /International Conference Funding Application  
#210 5000 Bridge Street, Delta, B.C. V4K 2K4 Phone # 604 946-0391 Fax # 604 946-1629



DATE OF APPLICATION: \_\_\_\_\_

DTA Use Only	Date Rec'd	Number	<b>Form 5060NI</b>
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NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SCHOOL/WORKSITE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**CONFERENCE (attach copy of registration form and brochure):**

Dates: \_\_\_\_\_ Title: \_\_\_\_\_

City: \_\_\_\_\_ Sponsored By: \_\_\_\_\_

**PLEASE READ THE ATTACHED APPLICATION POLICY BEFORE APPLYING**

**EXPENSES (receipts required except for meals):**

Registration Fee: \_\_\_\_\_

TOC Required:\* \_\_\_\_\_ days @ \_\_\_\_\_ (dates) \_\_\_\_\_

*\* extra TOC days may be available depending on availability of funds - please see 6. b) of policy*

Hotel: \_\_\_\_\_ nights @ rate \_\_\_\_\_

**Transportation:**

Airfare (economy) from \_\_\_\_\_ to \_\_\_\_\_ + return \_\_\_\_\_

Car (km) \_\_\_\_\_ x .41¢ from \_\_\_\_\_ to \_\_\_\_\_ + return \_\_\_\_\_

Bus/Train/Shuttle \_\_\_\_\_

Meals: \_\_\_\_\_ Breakfasts @ \$11.00 on \_\_\_\_\_ (dates) \_\_\_\_\_

\_\_\_\_\_ Lunches @ \$12.00 on \_\_\_\_\_ (dates) \_\_\_\_\_

\_\_\_\_\_ Dinners @ \$20.00 on \_\_\_\_\_ (dates) \_\_\_\_\_

**Total Requested Expenses:** \_\_\_\_\_

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
PD Contact's Signature

**Please complete the information on the reverse to provide details on how this conference will benefit you as a teacher and/or the School District.**

<b>Funding Approved:</b> Professional Development Signature: _____ Amount Approved: _____
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<b>Accounting Purposes Only (DTA Use)</b> Date: _____ Chq. # _____ Amount _____
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1. What does this conference offer you in terms of your professional development?

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2. How will you share your experience and learning with colleagues?

- Workshop
- Presentation
- Series of Professional Conversations
- Article for DTA PD Bulletin (*please submit via email as a word document attachment*)
- District Day Conference Session
- Other \_\_\_\_\_

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Tentative Date of Above \_\_\_\_\_

3.  I am willing to have my name included in the DTA/SD Resource Bank of presenters.

4. What other sources of PD funding have you accessed? \_\_\_\_\_

Amount \_\_\_\_\_

Signature: \_\_\_\_\_

**N.B.: Superintendent's approval necessary. Complete Approval Form for Out-of-Province Conferences and In-service, Operations #3133.2**