



Delta Teachers' Association

Professional Development Application

Self-Directed

110—4977 Trenant Street, Delta, BC V4K 2K5

Phone: 604-946-0391 Fax: 604-946-1629 Email: brianna@deltateachers.org

DTA Use Only	Date Rec'd	Application Number
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Date of Application: _____

Name: _____

Email: _____

Date(s) of Activity: _____

School/Worksite: _____

Describe Planned Activity/PD Plan in Brief: _____

POLICIES & PROCEDURES—*please read before submitting your application*

1. Intended for individuals to carry out their **personal** professional development plan. Activities can include: school or program visits, collaboration, mentoring and peer coaching, which cannot be completed outside of a regular school day. Activities must be done during school time. **NOT TO BE USED FOR CONFERENCES OR WORKSHOPS.**
2. Each member is limited to **1 TTOC day per year**. A total of 30 self-directed days are available per year for entire membership.
3. This funding is separate from the yearly PD limit.
4. Applications must be received by the DTA office a **minimum of 14 days in advance of the activity.**

Please sign that you have read the above Policies & Procedures _____

DTA FUNDING REQUESTED

Release Time: TTOC required for 1/2 day or 1 day @ \$ _____ per day. \$ _____

Total amount requested: \$ _____

Principals Signature (required if absent from school): _____

School PD Contact Signature: _____

DTA Office Use Only

FUNDING NOT GRANTED:

Reason: _____

FUNDING APPROVED:

Amount \$ _____

(Please book 48 hours in advance. Call DTA for code.)

DTA PD Chair's Signature: _____

Date: _____

Cheque # _____

Amount: \$ _____