



PROFESSIONAL DEVELOPMENT FUND APPLICATION

SCFA
 SCFA COMMON
 BCGEU COMMON
 PPWC
 EXEMPT

EMPLOYEE NAME:	DEPARTMENT/SCHOOL:
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DATE OF SUBMISSION:	M	D	YR	<small>(eg. 04/15/2013)</small>	TOTAL COST OF ACTIVITIES (\$):
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FUNDING CATEGORY ¹ :	GROUP	INDIVIDUAL	TOP-UP
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Have you received PD Funds this fiscal year (April 1 – March 31)?	YES	NO
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Will you be receiving funds from any other source for this activity/course?	YES	NO
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If yes, how much and from what sources?

What is the name of the activity/course(s) PD funds are being requested?

DATE OF ACTIVITY/COURSE:	M	D	YR	LOCATION OF ACTIVITY/COURSE:
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INFORMATION FOR MATERIALS PURCHASED (Please use mm/dd/yyyy format.)

Title of Book, Recorded Material, and Date & Title of Journal	AUTHOR/PRODUCER	DATE OF PURCHASE	AMOUNT (\$)
Item 1			
Benefit:			
Item 2			
Benefit:			
Item 3			
Benefit:			
Item 4			
Benefit:			
Item 5			
Benefit 5:			
Item 6			
Benefit 6:			

PROPOSED ACTIVITY/COURSE—Describe the proposed activity/course. (Please attach conference brochure/meeting agenda, etc.)

ALIGNMENT WITH CRITERIA—Describe how the activity/course fits the criteria (as per applicable Terms of Reference) for this fund and how this will benefit the group or individual that will take part in this PD activity.

ADDITIONAL INFORMATION—Add any other information that may assist the PD Committee in making a decision.

IDENTIFY ALL FUNDING SOURCES FOR THIS ACTIVITY			APPROVAL by Supervisor/School Chair	
SOURCE	AMOUNT	ACCOUNT CODE	Recommended	Not Recommended
			Departmental Funding? Amount \$	
			<div style="border: 1px solid black; padding: 2px;"> Account Codes will be entered by the Supervisor or PD Committee not by the applicant. </div>	

SIGNATURES

Supervisor/School Chair:	M	D	YR	<small>(Please use mm/dd/yyyy format.)</small>
Second Supporter for Group PD:	M	D	YR	

SIGNATURE FOR SPECIAL CIRCUMSTANCES

Dean/Senior Manager:	M	D	YR
Executive Member: <i>(if applicable)</i>	M	D	YR

PD COMMITTEE USE ONLY									
Approved:	Not Approved:				Date Received:	M	D	YR	
Total Grant Approved:	\$				Date Approved:	M	D	YR	
PD Activity Report Received:	YES	NO			Date Package Sent to Applicant:	M	D	YR	

SCFA Application No.	
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