South Shore Regional NSTU Article 60 Professional Development Fund Application Form - Conference Grant Within the Maritime Provinces and Online Learning

Please review the guidelines for Conference Grants Within the Maritime Provinces and Online Learning prior to submitting your application. Please consult monthly application deadlines and meeting dates in the guidelines of the PD Committee on the Regional Centre's website, as **late applications will not be accepted by the Committee**.

Name					Professional Number	
Civic Address						
Primary Work Location			Contract Status: Permanent, Probationary, or Term. Long- Term Substitutes are not eligible.			
Current Assignment			Work Related Email Address			
Conference Name					Sub Days Required (maximum of 6 annually)	
Conference Dates			Conference Location			
Conference Web Site - If there is no conference	e website, please attach	а сору о	f the conference	agend	a.	
Travel Information (Travel expenses, Id	odging and meals a	re not a	applicable for	Onli	ne Learning.)	
Distance from home to school (one way)			km		(a)	
Distance from home to conference (one way)		km	(b)			
Claimable distance (one way)		km	(c)	= (b) - (a)		
Claimable distance (round trip)				(d)	= 2 × (c)	
Expenses	Anticipated Costs			Notes		
Registration Fee(s)	\$		Excluding membership fees			
Travel by Car	km	km \$		\$0.5113 per km (For claimable distance se Travel Information calculation above)		
Transportation Tolls	\$					
Meals (not included in registration)	\$			Maximum \$45 per day (Breakfast \$10 Lunch \$15, Dinner \$20)		
Lodging (receipts required – Conference must be at least 50 km from claimant's residence.)	\$			Maximum \$150 per night		
Parking	\$			Maximum \$30 per day		
Total Costs	\$	\$			Maximum \$2000 can be claimed pe school year	
Applicant`s Signature		Date				
Supervisor's Signature		Supports Application			Date	
		☐ Yes ☐ No		ı		
Approvals					1 -	
Regional Executive Director's Signature		Approve			Date	
The Regional Executive Director's signature approved the leave must be approved by the Professional De		☐ Yes √ from his/	her assignment on		 imbursement of any costs associated with	
ure reave must be approved by the Professional De	vөюртеті соптішее.					
PD Committee Co-Chair's Signature		Approve	ed		Date	
		☐ Yes	□ No			