Submit your application to the PD Committee to SSRCE Regional Office, by email (nstupdcomm@ssrce.ca) or by fax (902-541-3049).

South Shore Regional NSTU Article 60 Professional Development Fund <u>Application Form – Teacher Initiated In-Service</u>

- Please review the guidelines and deadlines under the NSTU PD Committee section on the Regional Centre's website for Teacher or School Staff Initiated In-Services prior to submitting your application. Late applications will not be accepted by the Committee.
- Members may access Teacher Initiated In-Services once per school year.

 This form must 	t be accompanied by	v a clear and detai	led outline d	of the in-service.

Name	Professional Number		
Civic Address	I		
Primary Work Location		Contract Status: Permanent, Probationary, or Term (Long-Term Substitutes are not eligible)	
Current Assignment	Work Related Email Ad	Work Related Email Address	
In-Service Theme/Name	Anticipated # of Teachers	Anticipated # of Substitutes Required	
In-Service Dates (Must take place/be held during school hours.)	In-Service Location		
Other Schools Participating	· · · · · · · · · · · · · · · · · · ·		

Expenses	Notes		Anticipated Costs
Presenter's Honorarium or Gifts	Either an honorarium or gift can be claimed		\$
Presenter's Travel	\$0.5838 per km or actual expenses for other modes of travel	km	\$
Presenter's Meals	Maximum \$45 per day (Breakfast \$10, Lunch \$15, Dinner \$20)		\$
Presenter's Lodging	Maximum \$150 per night		\$
Other allowed expenses	Please attach a separate outline of anticipated expenses		\$
Total Costs	Guideline expense limit of \$1500.00		\$
Substitute Days for Organizers			days

Applicant`s Signature	Date				
Supervisors Signature	Supported	Date			
	☐ Yes ☐ No				
Approval					
Regional Executive Director's Signature	Approved	Date			
	☐ Yes ☐ No				
The Regional Executive Director's signature approves the teacher to be away from his/her assignment only. Reimbursement of any costs associated with the leave must be approved by the Professional Development Committee.					
PD Committee Co-Chair's Signature Approved	Approved	Date			
	☐ Yes ☐ No				