| Submit your application to the PD Committee in person to Regional Office or by email (nstupdcomm@ssrce.ca). |
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**South Shore Regional NSTU Article 60 Professional Development Fund**

**Application Form - Conference Grant**

| Review the guidelines prior to submitting your application. Monthly application deadlines & meeting dates are on the SSRCE website. **Late or incomplete applications will not be accepted by the Committee.** | Letter of intent❑ Fully completed, signed application ❑  |
| --- | --- |

| Name  | Vendor 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 & Website | Days Absent from Work: maximum 10 days every 2 years |
| Days Absent from Work? | Substitute Required? ❑ Yes ❑ No |
| Conference Dates  | Conference Location |

| Distance from home to school (one way)  | (a)  | km |
| --- | --- | --- |
| Distance from home to conference address (one way)  | (b)  | km |
| Claimable distance (one way)  | (c) = (b) – (a)  | km |
| Claimable distance (round trip)  | (d) = 2 × (c)  | km |

| **Expenses**  | **Notes**  | **Anticipated Costs** |
| --- | --- | --- |
| Registration Fee(s)  | Excluding membership fees  | $ |
| Travel by Car  | $0.5932 per km (for claimable distance, above) | km  | $ |
| Other Expenses  |  | $ |
| Meals (not included in registration)  | Maximum $45 per day (Breakfast $10, Lunch $15, Dinner $20) | $ |
| Lodging  | Maximum $250 per night  | $ |
| Parking  | Maximum $40 per day  | $ |
| **Total Costs**  | **Maximum $3500 can be claimed /2 school yrs.** | $ |

| **Applicant`s Signature**  | **Date** |
| --- | --- |
| **Supervisor’s Signature**  | **Supported** ❑ Yes ❑ No | **Date** |

| **Regional Executive Director’s Signature**  | **Approved** ❑ Yes ❑ No | **Date** |
| --- | --- | --- |

 *The Regional Executive Director’s signature approves the teacher to be away from their assignment only. Reimbursement of any costs associated with the leave must be approved by the NSTU Professional Development Committee.*

| **PD Committee Co-Chair’s Signature**  | **Approved** ❑ Yes ❑ No | **Date** |
| --- | --- | --- |

 **OFFICE ONLY**

|  | ❑ Received ❑ Processed ❑ Held |
| --- | --- |

Valid from August 1, 2025 – July 31, 2026