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| Name | |
| Number of years teaching | |
| Current school/institution | |
| Postal address (school) | |
| Phone (work) | |
| Fax | |
| Phone (home) | |
| Mobile | |
| Total amount of financial support requested for registration and travel or accommodation | |
| Explanation of how you would spend the requested amount (details of the event and likely travel expenses) 150 words max | |

Response to Selection Criteria

Applicants should respond the following criteria (500 words max). Selection Criteria 1 and 2 must be addressed. Selection Criteria 3 is optional.

- 1. What will be the specific impact of the requested professional development on your teaching practise?*
- 2. Explain or demonstrate a specific impact the professional development will have on your students, school and/or local community*
- 3. Demonstrate the specific ways you will share your professional development experiences with other teachers in your local community.*

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| Signature of Head of Department OR Principal | |
| Comment from Head of Department OR Principal (optional) | |