



APPLICATION FOR SPECIAL CONSIDERATION

(as per Professional Development Policy 10)

Name:

Phone Number:

School:

Personal Email:

Application Date:

Rationale:

Please state your reasons for why you are applying for and would like your application accepted for special consideration for professional development funding as per policy 10.

Applicant's Signature:

I confirm the above information to be accurate

Office Use Only

Approved:

Pro-D Funding Committee signature

Date Received: