

BTA/BSD Joint Professional Development Fund Form **(GROUP)**

Name of Applicants:
School(s)
Date of Application:
Name of Professional Development Activity:
Location of Professional Development Activity:
Date of Professional Development Activity:

Anticipated Costs <i>(to be calculated in Canadian Funds)</i>	Amount From Other Source	Requested from Joint Fund
Registration/Course Fees		
Travel by Car <i>(\$0.70 per km)</i>		
Airfare including all fees and taxes		
Miscellaneous <i>(Original receipts must accompany claims)</i> <i>(bus, taxi, parking)</i>		
Accommodations <i>(including all fees and taxes)</i> <i>(\$68.00 per day if staying with friends/relatives)</i>		
Meals Per Diem <i>(Receipts not required)</i> <i>Breakfast \$15, Lunch \$20, Supper \$35</i>		
Total Reimbursement for Applicants <i>Level 1 funding not to exceed \$1,000.00</i> <i>Level 2 funding not to exceed \$3,500.00</i>		
	# of Sub Days	Sub Cost
PLEASE IDENTIFY IF SUBSTITUTE REQUIRED <i>(Number of days)</i>		To be completed by BTA Office.

Please ensure that you have reviewed the Joint BSD/BTA PD Fund Criteria.
 This form is to be submitted to the BTA Office at minimum one week prior to the next scheduled meeting.
 This form must be submitted with the following documents:

- Cover Letter (signed by all applicants) explaining the relevance of this PD to your professional assignment, related activities, growth plan outcomes, personal professional development needs and relevance to student learning and teaching practice.
- The required registration form for the activity.
- A copy of the program or conference brochure.

If you have any questions with regards to the above, please contact the Brandon Teachers Association
 Phone: 204-729-3141 Email: office@bta.mbteach.org

Contact Email Address
Teacher Signatures
Principal/Supervisor Signature

FOR BTA OFFICE USE ONLY: Revised June 2025	Funding Level 1 _____	Funding Level 2 _____	Sub Cost _____
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