



## ***EMPLOYEE DEVELOPMENT***

### ***Second Level Teacher - Course Application Form***

**(i) Eligibility**

The course/conference/seminar should be directly related to educational matters.  
Each financial year (Jan-Dec) schools will receive an allocation for In-Service.

**(ii) Application Procedures**

Applications should be made on this form and submitted to the Principal/BOM for authorisation and recommendation. In completing this form please give details of the course, the benefits of the course to the teacher/School and Committee (which should include a brief action plan from the course), the proposed duration and fees involved.

Separate applications for fee refund/s should be made for each course.

- (iii) If appropriate, the statement "Undertaking to Refund Fees" should accompany the application (if appropriate).



## Dublin and Dun Laoghaire ETB

### TEACHER APPLICATION FOR IN-SERVICE COURSES

**Teachers Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Course/Conference/  
Seminar Details:** \_\_\_\_\_  
\_\_\_\_\_

**Course Venue/Location:** \_\_\_\_\_

**Organising Body:** \_\_\_\_\_

**Absence Date(s)** From: \_\_\_\_\_ To: \_\_\_\_\_

**Number of school days:** \_\_\_\_\_

**Arrangement for service of classes during absence:** \_\_\_\_\_  
\_\_\_\_\_

**Benefits of the Course  
to the School/Committee:** \_\_\_\_\_

*(include action plan  
from the course)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Cost of Course:** € \_\_\_\_\_

**The Following documents must be attached:**

- 1) Receipt for course fees.
- 2) Certificate of attendance.
- 3) Confirmation of successful course completion.

**Claims cannot be processed without the above information/documentation.**

**Signature of Teacher:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This section should be completed by the School Principal and submitted to the  
HR Department (T&D Unit) as soon as possible after BOM meeting.*

I recommend that this teacher be permitted to undertake the above mentioned activity. I am satisfied that the appropriate arrangements have been made and his/her students are not at a disadvantage as a result of his/her absence. I am also satisfied that his/her attendance at this activity is appropriate to the needs of the school.

**Amount to be paid to the Teacher:** € \_\_\_\_\_

**Approved by Board of Management at a meeting on:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
School Principal