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| **Category of CPD – List 1**1. National conference
2. Community of Practice development meeting
3. Curriculum development
4. Current Educational Priorities (e.g. Key Skills)
5. Subject Department/ Programme Planning
6. Action research group
7. ICT training
8. Guest lecture/speaker
9. Display/sharing of resources
10. Other – please specify

  | **Mode of delivery – List 2:** 1. On-line(forum; discussion group; ‘static’)
2. Video conference
3. Lecture/Presentation /Seminar
4. Practical demonstration
5. Field trip
6. Master class
7. Reading/Recital/Performance
8. Discussion
9. Workshop
10. Activity-based
11. Other – please specify
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| **TPN initials** |
|  |
| **Community of Practice/ Local Branch**  |
|  |
| **Total members as per 15/16** |
|  |

**ACTIVITY PROPOSALS SUMMARY DETAILS**

(Please complete in order of date)

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| --- | --- | --- | --- | --- | --- |
| Date |  | Category of CPD activity |  | Mode of delivery  |  |
| **REFERENCE Number****(to be used again in claim)** | A1 | Topic |
|  |
| Estimated No. of Participants |  | Purpose/objective of activity |
| Organisations/ Support Services involved |  |  |
| Venue  |  |
| **Estimated Total Cost** |  | *Venue* |  | *Lecturer* |  | *Other\** |  | \*Specify |  |
| Date |  | Category of CPD activity |  | Mode of delivery  |  |
| **REFERENCE Number****(to be used again in claim)** | A2 | Topic |
|  |
| Estimated No. of Participants |  | Purpose/objective of activity |
| Organisations/ Support Services involved |  |  |
| Venue  |  |
| **Estimated Total Cost** |  | *Venue* |  | *Lecturer* |  | *Other\** |  | \*Specify |  |
| Date |  | Category of CPD activity |  | Mode of delivery  |  |
| **REFERENCE Number****(to be used again in claim)** | A3 | Topic |
|  |
| Estimated No. of Participants |  | Purpose/objective of activity |
| Organisations/ Support Services involved |  |  |
| Venue  |  |
| **Estimated Total Cost** |  | *Venue* |  | *Lecturer* |  | *Other\** |  | \*Specify |  |

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| **TPN initials** |  | **Community of Practice/Branch** |  |

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| Date |  | Category of CPD activity |  | Mode of delivery  |  |
| **REFERENCE Number****(to be used again in claim)** | A4 | Topic |
|  |
| Estimated No. of Participants |  | Purpose/objective of activity |
| Organisations/ Support Services involved |  |  |
| Venue  |  |
| **Estimated Total Cost** |  | *Venue* |  | *Lecturer* |  | *Other\** |  | \*Specify |  |
| Date |  | Category of CPD activity |  | Mode of delivery  |  |
| **REFERENCE Number****(to be used again in claim)** | A5 | Topic |
|  |
| Estimated No. of Participants |  | Purpose/objective of activity |
| Organisations/ Support Services involved |  |  |
| Venue  |  |
| **Estimated Total Cost** |  | *Venue* |  | *Lecturer* |  | *Other\** |  | \*Specify |  |
| Date |  | Category of CPD activity |  | Mode of delivery  |  |
| **REFERENCE Number****(to be used again in claim)** | A6 | Topic |
|  |
| Estimated No. of Participants |  | Purpose/objective of activity |
| Organisations/ Support Services involved |  |  |
| Venue  |  |
| **Estimated Total Cost** |  | *Venue* |  | *Lecturer* |  | *Other\** |  | \*Specify |  |



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| TOTAL |  |  |

**We confirm that funding requests above conform to the TPN Guidelines and Procedures**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of the Local Group

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of the National Executive

* It might be helpful to discuss your proposals with the Director of your nominated Education Centre