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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TPN initials |  | | | | Nominated Education Centre | | |  | | |
| Community of Practice/Branch | | |  | | **Activity Reference Code (From original proposal form)** | | |  | | |
| Local  Regional National (tick ✓ one) | | | | | **Estimated costs (From original proposal form)** | | |  | | |
| **Details of CPD activity** | | | | | **Estimated number of participants**  **(From original proposal form)** | | |  | | |
| Theme of CPD activity | | | | | | | | | | |
| Category  see list 1 | |  | Mode  see list 2 |  | | Date held |  | | | |
| Other organisations  involved | |  | | | | Venue |  | | | |
|  | |  | | | |  |  | | | |
|  | |  | | | | Total number of participants |  | | Male | Female |
|  | |  | | | |  |  | |  |  |
|  | |  | | | |  |  | |  |  |
| Brief outline and evaluation of the CPD activity: | | | | | | | | | | |

**Category of CPD – List 1**

1. National conference
2. Community of Practice development meeting
3. Curricullum 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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* Claims MUST be made as soon as an activity happens and no later than eight weeks after the event. Late claims will incur in a 10% surcharge



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| **VENUE COSTS** | | **Details** | | | | | | **Amount** | **Approved by EC** | |
| *Receipt attached* **Y/N** *.* | |
| Room Rental |  |  | | | | | |  |  | |
| Catering |  |  | | | | | |  |  | |
| Equipment rental |  |  | | | | | |  |  | |
| Other (specify) |  |  | | | | | |  |  | |
|  |  |  | | | | | |  |  | |
|  |  |  |  | **Subtotal Venue Costs** | | | |  |  | |
| **ADMINISTRATION COSTS** | | **Details** | | | | | | **Amount** | **Approved by EC** | |
| *Receipt attached* **Y/N** *.* | |
| Postage |  |  | | | | | |  |  | |
| Printing/Photocopying |  |  | | | | | |  |  | |
| Stationery |  |  | | | | | |  |  | |
| Other (please specify) |  |  | | | | | |  |  | |
|  |  |  | | | | | |  |  | |
|  |  |  | | | | | |  |  | |
|  |  |  | | | | | |  |  | |
|  |  |  | **Subtotal Administration Costs** | | | | |  |  | |
| **PARTICIPANTS COSTS** | |  | | | | | | **Amount** | **Approved by EC** | |
| *Receipt attached* **Y/N** *.* | | **Details** | | | | | |
| Travel |  |  | | | | | |  |  | |
| Subsistence |  |  | | | | | |  |  | |
|  |  |  |  | **Subtotal Participants Costs** | | | |  |  | |
| **LECTURER COSTS: All lecturer claims must be paid directly by nominated Education Centre. Please attach claim forms.** | | | | | | | | | | |
| **Lecturers’ names:** | | | | | | | | | | |
|  | | | | | **Total Lecturers’ costs** | | |  | |  |
|  | | | |  | | **Total Activity Cost** | |  | |  |
|  | | | | | | | | | | |
|  | **For Community of Practice:** | | | | | | **For National Executive** | | | |
| **Name** |  | | | | | |  | | | |
| **Position** |  | | | | | |  | | | |
|  | **I confirm that all claims conform to TPN Guidelines and Regulations** | | | | | | | | | |
| **Signature** |  | | | | | |  | | | |
| **Date** |  | | | | | |  | | | |
| **NOTES:** |  |  |  |  | | *UNSIGNED FORMS WILL NOT BE ACCEPTED* | | | | |
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