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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 |
| Categorysee list 1 |  | Modesee list 2  |  | Date held |  |
| Other organisationsinvolved |  | 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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