

Professional Development Proposal Form

Name of Employee					
Department / School		Department:		School:	
Budget Code					
CPD Activity / Course **				Please Attach Course Details <input type="checkbox"/> and/or weblink:	
Venue /City/ Country					
Event date					
Estimated Cost:	Date & ETD	Date & ETA	No. of Days / Time	Amount (Other currencies)	Amount in SGD
Confirmed flight details					
Accommodation*					
Per Diem Allowance					
Course fees					
Others e.g., airport transfers (please specify)					
Total					

****Please tick the Category the Course is associated with** (Please tick only one)**

<input type="checkbox"/> Academic / Pedagogy	<input type="checkbox"/> SEN (Special Education Needs)	<input type="checkbox"/> Co-Curricular	<input type="checkbox"/> Safeguarding	<input type="checkbox"/> Pastoral	<input type="checkbox"/> Exams
<input type="checkbox"/> Business Support Skills Development	<input type="checkbox"/> Events & Conferences	<input type="checkbox"/> Health & Safety	<input type="checkbox"/> Certified Courses	<input type="checkbox"/> Technology & Software	<input type="checkbox"/> Wellbeing

Supply Cover costs (a day = S\$400, am = S\$250, pm = S\$170, a period = S\$80)	No. of Days / Periods	Amount in SGD	SG\$
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Is the total cost of training more than \$10,000?

- Yes – complete section A and B
- No – complete section B only.

Section A – training over \$10,000

For all training over \$10,000, staff are required to follow the whole school procurement process. Please provide details of two other training options and complete the information below:

Training Provider 1	Training Provider 2	No Alternative Provider
Name of Provider:	Name of Provider:	<input type="checkbox"/> Accredited Course <input type="checkbox"/> Author/Creator of Resource <input type="checkbox"/> Continuation of Previous Training <input type="checkbox"/> Other:
Outline of Provision:	Outline of Provision:	
Cost of Training:	Cost of Training:	
Reason for Rejection:	Reason for Rejection:	
Training Details Attached (tick) <input type="checkbox"/>	Training Details Attached (tick) <input type="checkbox"/>	

Section B - Pre-training Evaluation

Please explain why the training provider has been chosen and state the specific area of your school improvement plan the CPD activity/course is relevant to:

Whole school / Individual school:

I expect this activity to...

- | | |
|---|---|
| <input type="checkbox"/> Demonstrate a direct relationship with the classroom/school | <input type="checkbox"/> Embed learning into classroom practice over a period of time |
| <input type="checkbox"/> Involve observation and feedback | <input type="checkbox"/> Include peer support |
| <input type="checkbox"/> Enable me to identify the focus of development | <input type="checkbox"/> Enable my and/or my colleagues to be reflective |
| <input type="checkbox"/> Use external expertise linked to school-based activity | <input type="checkbox"/> Offer opportunities for independent self-study |
| <input type="checkbox"/> Offer an opportunity to work with colleagues, and share professional dialogue and practice | <input type="checkbox"/> Offer opportunities to receive regular, structured feedback |

Requested by : _____ Date: _____
(Name & signature)

Supported by : _____ Date: _____
(Line Manager) (Name & signature)

Approved by budget holder : _____ Date: _____
(If not the same as line manager) (Name & signature)

Approved by : _____ Date: _____
(Head of School or HR/CPD Leader) (Name & signature)

- **You will be notified when your request has been approved. You will then be able to register yourself for the course/training.**
- **Please speak to your Head of School if after booking, you are unavailable to attend. If a staff member fails to attend training, without approval from their line manager, they will have to cover the full cost of the course fees.**
- **Please note that as we all cherish the time spent by a teacher in front of his/her class, where a teacher has already been absent from his/her class for three weeks within a school year, the Head will discuss the implications of this when considering approval.**

Important Note:

1. Per diem allowance is computed from date of departure to date of return and will only be paid **after** the travel.
2. Claims for overseas travel have to be submitted within **3 months from return date**, accompanied by:
 - a) Attach a photocopy of this approved PD form
 - b) Original receipts and supporting documents
 - c) Air ticket to support travel dates for per diem allowance
3. **In the event that actual amount incurred is more than approved amount per Travel Request Form, re-approval on Staff Claim Form is required.**
4. Accommodation and Subsistence allowance limit:

a. Summary of Hotel Accommodation and Per Diem Allowances

DESTINATION	COST OF HOTEL ACCOMMODATION (PER NIGHT) (S\$) UP TO	SUBSISTENCE/PER DIEM ALLOWANCE PER DAY (S\$)
AUSTRALIA	\$250.00	\$95.00
CHINA	\$150.00	\$60.00
HONG KONG	\$250.00	\$65.00
INDIA	\$200.00	\$65.00
INDONESIA	\$150.00	\$50.00
SOUTH KOREA	\$250.00	\$65.00
MALAYSIA	\$180.00	\$50.00
NEW ZEALAND	\$220.00	\$75.00
PHILIPPINES	\$160.00	\$50.00
THAILAND	\$150.00	\$50.00
TAIWAN	\$200.00	\$50.00
VIETNAM	\$160.00	\$50.00
UK – LONDON	\$350.00	\$145.00
UK – OUTER	\$225.00	\$125.00
EUROPE	\$300.00	\$100.00
USA	\$270.00	\$100.00
UNITED ARAB EMIRATES	\$220.00	\$100.00

- Above quoted are in Singapore dollars
- The above rates will be reviewed regularly and may be amended without notice.
- If the destination is not found in the table, please contact any member of HR Team.

**Currently there is no Travel Insurance Cover due to the Covid 19 Situation.
Any Staff members travelling on school business will need to arrange their own insurance cover.**