

PROFESSIONAL DEVELOPMENT FUND: APPLICATION FORM

CUPE Local 3908 Unit 1 – Contract Faculty at Trent University

Name:	Employee #
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Application Type: *Note: can be more than one*

Conference
 Research
 Professional Skills Development
 Instructional Development
 Capital Costs

Basic Information: *Note: if conference or course - provide name, location and date, if product - what type.*

Position + Department:	Email:
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Home Address: *Note: please include postal code*

Home Phone:

Trent Phone:

PROPOSED BUDGET <i>Note: Please reflect your total anticipated costs / Only actual expenses will be reimbursed</i>		
1. Travel	a) _____ km @ \$0.43/km	\$
	b) Return Air/Bus/Train fare	\$
	c) Parking / Taxi	\$
2. Living Expenses	a) Accommodation: Maximum \$100/night	\$
	b) Stay with friends/relatives: \$20/night	\$
	c) Meals: \$50/day x _____ days	\$
3. Conference Registration		\$
4. Course / Workshop Fee		\$
5. Capital Costs (attach breakdown if necessary)		\$
6. Other (please specify) _____		\$
7. Total Expenses		\$
8. Total PD Fund Grants Previously Directed to this Project (if any)		\$
9. Total PD Fund Grants in Last 2 Rounds (if any)		\$
10. Total PD Fund Grant Applied for Current Round		\$
11. Total PD Fund Grant Awarded for Current Round		OFFICE USE ONLY
12. Is this application under the Special Consideration/Prolific Year Policy? (Please indicated “yes” or “no”)		
13. If “yes” in # 12: Amount Approved (office use only)		OFFICE USE ONLY

Applicant’s Signature	Date
CUPE 3908-1, Trill College, Trent University, 1600 West Bank Drive, Peterborough, ON K9L 0G2 (705) 775-2873 www.cupe3908.org	