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**Horizon School Division Board of Education**  
**Personal Professional Development Application Form**

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Cost of Registration: \_\_\_\_\_

Estimated Accommodation Costs: \_\_\_\_\_

Estimated Travel Costs: \_\_\_\_\_

Estimated Indemnity Costs: \_\_\_\_\_

Please provide a brief explanation below, the nature of the event and the value to you, as a Trustee and to the Board:

I confirm that no other agencies are paying for hotel, registration or any other costs associated with this event/conference.

- No other agencies are paying for any costs associated with this event
- Another agency is paying for some costs associated with this event. Please provide details below.

I have checked my Personal Professional Fund balance.

- I have attached my Professional Development fund balance and have sufficient funds available to cover the cost of this request.
- I do not have sufficient funds available to cover the cost of my Professional Development request, but I am willing to contribute personal funds to my Personal Professional Development fund, to make up any difference.

Please provide any additional information regarding your Personal Professional Development Request, below:

Completed application forms are to be forwarded to the Personal Professional Development Committee. Please allow three (3) business days for review.

More information regarding Personal Professional Development Requests can be found in:

Board Policy 7 – [Board Operations](#), in Section 11 - Trustee Incidentals, Indemnities and Expenses.

Personal Professional Development requests must be submitted with as much notice as possible, a minimum of one (1) month is recommended. Requests of less than one month will be considered, but as with all requests, are subject to the ability to make the necessary registration, travel and accommodation arrangements.

The Personal Professional Development application form is to be submitted for any professional development request not listed on the monthly indemnity form.

For Committee Use Only:

Approved	Denied	Date: _____
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Name	Signature

Name	Signature

Name	Signature

Comments: