

CPD Request_CPD Request

Record Date: 15/09/2020 Status: New

Owner List	Wilkinson; Jenna (JW)
Faculty/Subject/Staff	Faculty: CPD Subject: CPD Staff: Turner; Eloise (ET)

CPD Request

Discussed with line manager and had approval?

Outcome:

Date of CPD

Lessons requiring cover

Course title / Nature of activity / Location

Please add the name of your course provider.

Please include estimated (or actual) costs:

Course fee + travel costs (approx 40p per mile) + half (approx £135) or full day (approx £170) cover =

NOTE: Staff will only be reimbursed for milage if they have business insurance on their vehicle.

Estimated costs

Appraisal Objective(s) that this CPD links to:

Please select one. If more than one, enter details into comments.

Outcome:

Comments:

Link to SIP/FIP development objective(s)

Intended impact of CPD:

Evaluation Commitment

In requesting this CPD, I understand that I will be responsible for completing a CPD evaluation form within two weeks of attending the course/training.

Outcome:

CPD Request Approved by T&L Lead

This section to be completed by T&L Lead only.

Outcome:

Comments:

Criteria Appendix

| Discussed with line manager and had approval?

Yes - Yes
No - No
N/A - N/A

| Appraisal Objective(s) that this CPD links to:

Objective 1 - Objective 1
Objective 2 - Objective 2
Objective 3 - Objective 3

| Evaluation Commitment

Yes - Yes
No - No
N/A - N/A

| CPD Request Approved by T&L Lead

Yes - Yes
No - No
N/A - N/A