

**Maple Ridge Teachers' Association/School District #42  
Joint Professional Development  
Group Application Form**

- APPROVAL PRIORITY IS TO FIRST TIME USERS
- Applications must be at the MRTA no sooner than 4 months in advance & no later than 2 weeks before professional development activity.
- Maximum reimbursement is \$1,000.00 annually (July-June). If receiving other funding sources or TToC coverage, provide all details. ORIGINAL RECEIPTS REQUIRED to accompany the Pro-D Expense voucher, which must be submitted after pro-d activity is complete.
- Monies or expenses will NOT be provided for credit programs, district initiatives, district implementation, or school growth plans per MRTA Pro-D policy.

**Group Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_  
First Name Initial Surname

**Contact Numbers:** \_\_\_\_\_

**Activity Date(s):** \_\_\_\_\_

**Title of Pro-D Activity:** \_\_\_\_\_

**Location of Pro-D Activity:** \_\_\_\_\_

**Projected Number & Names of Teachers Attending:** \_\_\_\_\_

Does this activity require TToC days: Yes \_\_\_ No \_\_\_ # of TToC Days: \_\_\_\_\_

**Teachers requiring TToCs:** \_\_\_\_\_

Dates: \_\_\_\_\_

**EXPENSES (SEE REVERSE)**

***NOTE: ALL SIGNATURES REQUIRED***

Main Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_

School Pro-D Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_

Administrative Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_

FOR MRTA USE ONLY  
MRTA PRO-D AUTHORIZED SIGNATURE: \_\_\_\_\_

PRO-D FUNDS APPROVED: \$ \_\_\_\_\_ TOC DAYS APPROVED \_\_\_\_\_ DATE: \_\_\_\_\_, 20\_\_

**• ATTACH a detailed (5Ws) description of your proposed activity and a cost breakdown, providing official documentation wherever possible and/or complete the following. Locations outside of BC will be considered by the MRTA Pro-D Committee.**

EXPENSES (ORIGINAL RECEIPTS REQUIRED FOR REIMBURSEMENT)

Speaker/Workshop Fee (Including membership fee, if applicable)

Transportation: automobile \_\_\_\_\_ km @ 54¢ per km

List carpooler names: \_\_\_\_\_  
 \_\_\_\_\_

Materials/Resources Expenses (max of \$25 per person) (eg. – CDs, DVDs, Books)

Title and description of resources/materials: \_\_\_\_\_  
 \_\_\_\_\_

Other (please list) \_\_\_\_\_

Food/Refreshment Costs

Note: PLEASE CLAIM ONLY ACTUAL COSTS, if your actual meal or refreshment costs are less than per person allowances listed below:

**Breakfast-\$8, Lunch-\$11, Dinner-\$17**

Breakfasts for local events starting before 8:30 am and dinners for events ending later than 4:30 pm may be provided.


TOTAL EXPENSES REQUEST

**Please complete the following:**

**1. Describe how this activity will improve or enhance the practice of teaching and learning.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. How does this activity support your group’s professional plan?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signed:** \_\_\_\_\_

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