



**DROYLSDEN**  
Academy

## EXTERNAL CPD REQUEST

Name: .....

Dept/Area of Responsibility: .....

**A. DETAILS OF ACTIVITY:**

1a Title of Course/Activity.
1b Day/Date/Time.
2. Provider.
3. Venue and Tel No.
4. Cost of course: Funding source: Academy ..... Other ..... If please specify.
5. Funding for supply cover: Yes      No
6. Travel Costs:

**B: TIMETABLE**

AM	Reg	P1	P2	P3	P4	P5	PM Reg
Manor Road/Cryer Street							
Teaching Group							
Room							

*If possible arrange a swap for break/lunch duties/assemblies.*

**C: DUTY ROTA: Provide details**

Before school	Break	Lunch (Time)	Other duty

**\*\*YOU MUST TELEPHONE THE ACADEMY APPROX 8AM TO CONFIRM WHETHER YOU CAN BE RELEASED TO ATTEND THE COURSE\*\***

*Complete all details carefully and place form in CCr's tray with a copy of the course details*



## EXTERNAL CPD REQUEST

### D: APPLICATION

<p>1. Which objective from your current Performance Management objectives does this relate to/meet?</p>
<p>2. Which <u>specific</u> objective of the Academy Improvement Plan does this address?</p>

### E: EVALUATION

Complete an evaluation form **FOLLOWING** the course/activity.  
This can be a hard copy or an electronic version. Retain one copy for your personal CPD records and give/ email one copy to C Croft, who may ask to see progress with the evaluation at any time.

APPROVAL GIVEN BY ..... DATE .....

*You will be informed whether your request has been approved.  
If approved, ensure that the Cover Manager (Mrs G Smith) and, if applicable, your Curriculum Leader is informed.*

***Complete all details carefully and place form in CCr's tray with a copy of the course details***