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| **Date:**  | **Kindergarten:** |
| **Name:**  | **Position:** |



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| Title of PD: |
| Cost of PD: | Date of PD: |
| Venue: | Dietary requirements: |
| Why do you want to attend this PD and what knowledge are you hoping to gain? |
| How does it meet your PD gaols? |
| How do you think your new knowledge will benefit the needs of your children/families?  |
| ED Leader comments: |
| **Administration only**Backfill cost:Approved by: Date:Date PD booked by admin: Booking confirmed YES / NOConfirmation forwarded to educator: YES /NO |