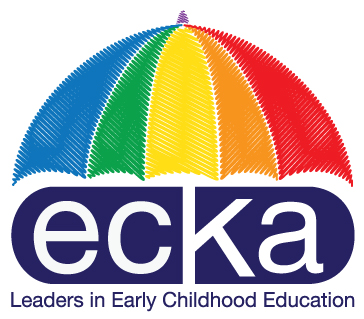
|  |  |
| --- | --- |
| **Date:** | **Kindergarten:** |
| **Name:** | **Position:** |



|  |  |
| --- | --- |
| 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 / NO  Confirmation forwarded to educator: YES /NO | |