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| C:\Users\CDETB STAFF\Desktop\CDETB Logo (1).jpg | Staff Request for Financial Support for Undertaking Courses of Further Study with a **non-CDETB organisation** |

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| Applicant Details | | | |
| Staff Name: |  | Staff No: |  |
| Centre: |  | Centre No: |  |

Staff Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teaching subjects (if academic): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Funding details:

Have you previously received financial assistance from CDETB for a course? Y/N

*If yes, please give details:*

Name of Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year(s) on course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Funding received from CDETB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please attach a copy of your final award.*

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| Course Details for which you are applying for financial assistance: | | |
| Course Title: | |  |
| Course Provider: | |  |
| Course Duration: | |  |
| Course Cost: | |  |
| **Please attach the course outline and statement of fees from the institution with this application. Applications without this information WILL NOT be considered.** | | |
|  | | |
| Recommendation *completed by Principal / Head of Centre / Head of Section*  *Briefly outline how this course will impact on the staff member and on the college/centre/learners (directly and/or indirectly). You must also refer to the mechanism on how the participant’s learning on this course will be disseminated among other staff.*   |  | | --- | |  | | | |
|  | | |
| I am satisfied that the course for which the applicant wishes to apply is of relevance to his/her job and therefore recommend that the request for financial support be approved. | | |
| Signed: |  | |
|  | Principal / Head of Centre / Head of Section | |
| Date: |  | |

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| Approval *(for Head Office Use Only)* | | | |
| Amount approved |  | Date sent for payment |  |
| Approved by |  | Date |  |

Next steps:

Please return this completed form and the requested, accompanying documentation to [pldapplications@cdetb.ie](mailto:pldapplications@cdetb.ie)

You will be notified by email of the outcome of your application with details of how to apply for funding.