

# PROFESSIONAL LEARNING REQUEST



## APPLICATION

Application	<input type="checkbox"/> individual or <input type="checkbox"/> group / region
Name / Region	
E-Mail Address	
Title of Professional Learning	
PL Provider name	
PL Venue	
Date of Professional Learning	

## PROFESSIONAL LEARNING EVENT

Describe the professional learning event. State this exactly as the PL provider has describe it.

## INTENDED OUTCOMES

Describe in 250 words or less, the intended outcomes to be gained by attending this Professional Learning event. Make reference to self, region and CAPA.

## FINANCES

Please provide an estimated total cost for this Professional Learning Event. If this is a regional request, please provide a breakdown of estimated, itemized funding.

## FUNDING

Please list the dollar amount or percentage you are requesting from CAPA.

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## SCHOOL DETAILS

Name of Applicant	
School Name	
School Address	
Current Principal	
School admin email	
School Phone	

## AGREEMENT AND SIGNATURE

By submitting this application, I understand that I will be asked to provide a written report to CAPA W.A. 14 days after the conclusion of the professional learning event. The report should contain the major learnings from the event and where possible, include photographs, links, contact information and/ or access to resources which can be shared with CAPA members. Please note, information from your report may be shared in CAPA Newsletters, Teams and Twitter. By submitting this application, you agree to allow CAPA W.A. to share your learnings with the wider educational community.

Name (printed)	
Signature	
Date	

# PROFESSIONAL LEARNING REPORT



Title of PL:

Presenter:

Venue:

Date:

## SUMMARISE THE KEY LEARNINGS FROM THIS EVENT

*If you have uploaded your notes to an online, cloud storage and would like to share, please include the link or details of how people can access this at the end of your summary.*

## PRESENTER / PL PROVIDER CONTACT DETAILS

List information here where people can find out more, e.g. the website you booked the PL through, the contact details of the presenter, the social media accounts of the presenter, titles of books the presenter has published etc

## PHOTOGRAPHS, WEBSITES, LINKS AND ADDITIONAL RESOURCES

You can provide a link to a cloud storage device in order for CAPA to gather photos/resources

## AGREEMENT AND SIGNATURE

By submitting this professional learning report, I understand that the information may be shared with CAPA W.A. members. I acknowledge the information from my report may be shared in CAPA W.A. Newsletters, Teams, Twitter and other social media forums. By submitting this application, I agree to allow CAPA W.A. to share my learnings with the wider educational community.

Name	
School	
Signature	
Date	