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| **Category of CPD – List 1**   1. National conference 2. Community of Practice development meeting 3. Curriculum development 4. Current Educational Priorities (e.g. Key Skills) 5. Subject Department/ Programme Planning 6. Action research group 7. ICT training 8. Guest lecture/speaker 9. Display/sharing of resources 10. Other – please specify | **Mode of delivery – List 2:**   1. On-line(forum; discussion group; ‘static’) 2. Video conference 3. Lecture/Presentation /Seminar 4. Practical demonstration 5. Field trip 6. Master class 7. Reading/Recital/Performance 8. Discussion 9. Workshop 10. Activity-based 11. Other – please specify |
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| **TPN initials** |
|  |
| **Community of Practice/ Local Branch** |
|  |
| **Total members as per 15/16** |
|  |

**ACTIVITY PROPOSALS SUMMARY DETAILS**

(Please complete in order of date)

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| Date |  | | | | | Category of CPD activity | | | | |  | | Mode of delivery | |  |
| **REFERENCE Number**  **(to be used again in claim)** | | | | | | A1 | | | Topic | | | | | | |
|  | | | | | | |
| Estimated No. of Participants | | | | | |  | | | Purpose/objective of activity | | | | | | |
| Organisations/ Support Services involved | | | | | |  | | |  | | | | | | |
| Venue | |  | | | | | | |
| **Estimated Total Cost** | |  | *Venue* |  | *Lecturer* | |  | *Other\** | |  | | \*Specify | |  | |
| Date |  | | | | | Category of CPD activity | | | | |  | | Mode of delivery | |  |
| **REFERENCE Number**  **(to be used again in claim)** | | | | | | A2 | | | Topic | | | | | | |
|  | | | | | | |
| Estimated No. of Participants | | | | | |  | | | Purpose/objective of activity | | | | | | |
| Organisations/ Support Services involved | | | | | |  | | |  | | | | | | |
| Venue | |  | | | | | | |
| **Estimated Total Cost** | |  | *Venue* |  | *Lecturer* | |  | *Other\** | |  | | \*Specify | |  | |
| Date |  | | | | | Category of CPD activity | | | | |  | | Mode of delivery | |  |
| **REFERENCE Number**  **(to be used again in claim)** | | | | | | A3 | | | Topic | | | | | | |
|  | | | | | | |
| Estimated No. of Participants | | | | | |  | | | Purpose/objective of activity | | | | | | |
| Organisations/ Support Services involved | | | | | |  | | |  | | | | | | |
| Venue | |  | | | | | | |
| **Estimated Total Cost** | |  | *Venue* |  | *Lecturer* | |  | *Other\** | |  | | \*Specify | |  | |

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| **TPN initials** |  | **Community of Practice/Branch** |  |

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| Date |  | | | | | Category of CPD activity | | | | |  | | Mode of delivery | |  |
| **REFERENCE Number**  **(to be used again in claim)** | | | | | | A4 | | | Topic | | | | | | |
|  | | | | | | |
| Estimated No. of Participants | | | | | |  | | | Purpose/objective of activity | | | | | | |
| Organisations/ Support Services involved | | | | | |  | | |  | | | | | | |
| Venue | |  | | | | | | |
| **Estimated Total Cost** | |  | *Venue* |  | *Lecturer* | |  | *Other\** | |  | | \*Specify | |  | |
| Date |  | | | | | Category of CPD activity | | | | |  | | Mode of delivery | |  |
| **REFERENCE Number**  **(to be used again in claim)** | | | | | | A5 | | | Topic | | | | | | |
|  | | | | | | |
| Estimated No. of Participants | | | | | |  | | | Purpose/objective of activity | | | | | | |
| Organisations/ Support Services involved | | | | | |  | | |  | | | | | | |
| Venue | |  | | | | | | |
| **Estimated Total Cost** | |  | *Venue* |  | *Lecturer* | |  | *Other\** | |  | | \*Specify | |  | |
| Date |  | | | | | Category of CPD activity | | | | |  | | Mode of delivery | |  |
| **REFERENCE Number**  **(to be used again in claim)** | | | | | | A6 | | | Topic | | | | | | |
|  | | | | | | |
| Estimated No. of Participants | | | | | |  | | | Purpose/objective of activity | | | | | | |
| Organisations/ Support Services involved | | | | | |  | | |  | | | | | | |
| Venue | |  | | | | | | |
| **Estimated Total Cost** | |  | *Venue* |  | *Lecturer* | |  | *Other\** | |  | | \*Specify | |  | |

tpn_jpg_people

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| TOTAL |  |  |

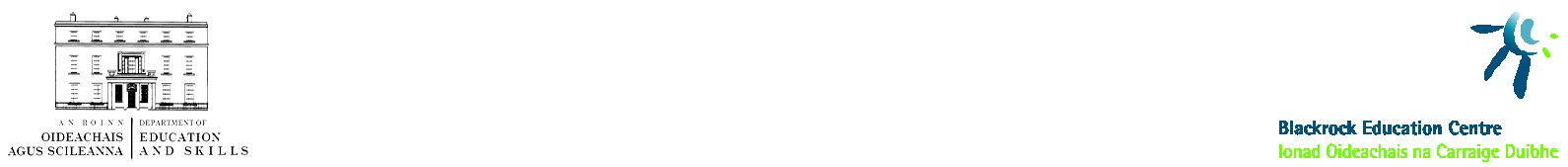
**We confirm that funding requests above conform to the TPN Guidelines and Procedures**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of the Local Group

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of the National Executive

* It might be helpful to discuss your proposals with the Director of your nominated Education Centre