



2010/11

TPN4 - BRANCH PROPOSAL FORM

ALL ENQUIRIES SHOULD BE DIRECTED TO:

The TPN Administrator, Blackrock Education Centre, Kill Ave, Dun Laoghaire, Co. Dublin
 Tel: (01) 236 5000 Fax: (01) 236 5050 Email: tpn@blackrockec.ie www.tpnetwork.ie

To be completed by a branch of the TPN and sent to the Secretary of the National Executive concerned or to the nominated CPD Coordinator. Please use these codes to complete the following table:

TPN initials	<u>Category of meeting – List 1</u> C1. AGM C2. Examination review meeting C3. Guest lecture/speaker C4. Element/module of a course C5. Seminar – weekend C6. Seminar – weekday C7. National conference C8. Summer school C9. Resource development C10. Presentation/display of resources C11. Workshop C12. Peer lecture/presentation C13. Action research group C14. Monthly meeting/regular meeting C15. ICT training C16. Other – please specify	<u>Mode of delivery – List 2:</u> M1. On-line(forum; discussion group; ‘static’) M2. Video conference M3. Lecture/Presentation M4. Practical demonstration M5. Field trip M6. Master class M7. Reading/Recital/Performance M8. Discussion M9. Workshop M10. Activity-based M11. Other – please specify
Branch		
Total members as per 09/10		

FUNDING PROPOSAL SUMMARY DETAILS

(Please complete in chronological order according to the date of activity planned)

Date	Category of meeting (list 1)	Mode of delivery (list 2)
REFERENCE Number (to be used again in claim)	A1	Topic
<u>Estimated No. of Participants</u>		Purpose/objective of activity
<u>Other organisations/ Support Services involved</u>		
<u>Education Centre(s) involved</u>		
<u>Estimated Cost</u>		
REFERENCE Number (to be used again in claim)	A2	Topic
<u>Estimated No. of Participants</u>		Purpose/objective of activity
<u>Other organisations/ Support Services involved</u>		
<u>Education Centre(s) involved</u>		
<u>Estimated Cost</u>		
REFERENCE Number (to be used again in claim)	A3	Topic
<u>Estimated No. of Participants</u>		Purpose/objective of activity
<u>Other organisations/ Support Services involved</u>		
<u>Education Centre(s) involved</u>		
<u>Estimated Cost</u>		
SUBTOTAL (page 1)		



TPN initials
Branch

Date	Category of meeting (list 1)	Mode of delivery (list 2)
REFERENCE Number (to be used again in claim)	A4	Topic
<u>Estimated No. of Participants</u>		Purpose/objective of activity
<u>Other organisations/ Support Services involved</u>		
<u>Education Centre(s) involved</u>		
<u>Estimated Cost</u>		
REFERENCE Number (to be used again in claim)	A5	Topic
<u>Estimated No. of Participants</u>		Purpose/objective of activity
<u>Other organisations/ Support Services involved</u>		
<u>Education Centre(s) involved</u>		
<u>Estimated Cost</u>		
REFERENCE Number (to be used again in claim)	A6	Topic
<u>Estimated No. of Participants</u>		Purpose/objective of activity
<u>Other organisations/ Support Services involved</u>		
<u>Education Centre(s) involved</u>		
<u>Estimated Cost</u>		
<u>SUBTOTAL (page 2)</u>		
<u>GRANDTOTAL</u>		

Signed: _____ Position: _____ Date: _____

Please note that this form must be signed by either the Chairperson, Treasurer, Secretary or CPD Coordinator.

NOTES

- **Activities claimed for in TPN3 will have to be referenced to the original proposal.**
- **It might be helpful to discuss your proposals with the Director of your local Education Centre**
- Please provide as much information as possible; your TPN will be required to submit this proposal form to the Steering Committee. A proposed programme will be required when requesting support for a conference.