

SHORT COURSE/WORKSHOP FUNDING SCHEME

FOR STAFF INVOLVED IN TEACHING (TRAINING OF TRAINERS)

### APPLICATION FORM

NOTE: Please read the Policy before completing this form

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| 1. **Title of Short Course/Workshop:**   ***(please use block capitals)*** |  |
| 1. **Target Audience:** |  |
| 1. Proposed No. of Participants: |  |

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| 1. **Proposed Timetable** | |
| **Date(s) of Course:** |  |
| **No. of Days/Half-days over which course will run:** |  |
| **No. of Hours per day:** |  |
| **No. of repeat sessions, if any, for which application is being made:** |  |

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| 1. **Outline how the Course/Workshop will upskill or train Staff in topics related to priorities in the Institute that are aligned to the Strategic Plan (Ref. Section 2 of Policy):** |
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| 1. **Provide a Broad Outline of the learning objectives of the Course/Workshop including what the rationale is for offering it:** |
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| 1. **List the Topics that will be covered (in bullet point format):** | |
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| 1. **Course Costs** |  | | Total € |
| **Delivery:** | **No. of Hours:** | **Current Hourly Rate for**  **Part Time Assistant Lecturer:** € | € |
| **External Consultants:** | **(Name, Company, Address & state fee to be charged):** | | € |
| **Travel & Subsistence:**  **(External**  **Deliverers Only)** | **(Give details & approximate amount):** | | € |
| **Materials\*:** | **\*list details of all materials & approximate costs e.g. disks, photocopying etc. N.B. Costs for operational software cannot be charged** | | € |
| **Other Costs:** | **Provide details:** | | € |
| Total Costs | | | € |

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| 1. **Name of**   **Course Organiser:** |  |  | | 1. **List Name of**   **TU Dublin Course Lecturer(s):** | **Staff No:** | |
| **Contact Tel. No:** |  |  |  | |
| **Contact Email:** |  |  |  | |
| **School/Department:** |  |  |  | |
| **College:** |  |  |  | |
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| 1. DECLARATION   I wish to apply for funding for the above Course. Copyright provisions will not be breached in the development of the material of the Course. | | | | | |
| **Signed:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Course Organiser** | | | **Date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| 1. AUTHORISATION | | | | | |
| **Approved:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Head of School**  **Signed:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **College Director** | | | **Date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Completed application form to be returned to Head of Staff Development,**  **TU Dublin, Aungier Street, Dublin 2** | | | | | |