

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
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| **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** |