



**TRUSTEE OUT-OF-PROVINCE  
PROFESSIONAL DEVELOPMENT APPLICATION FORM**

To be submitted to the Board Chair for approval prior to making travel arrangements according to Board Policy DKC.

Trustee Name: \_\_\_\_\_

**Out of Province Professional Development Requested:**

Conference Name:

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Dates: \_\_\_\_\_

How will this training benefit:

Location:

a) The School Division?

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Additional Conference Info/Notes:

b) Personal Growth?

(If required)

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Trustee Signature:

Board Chair Approval:

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Date of Application

Date of Approval

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