



Chinese Language Teachers' Association of Victoria

维州中文教师协会

**APPLICATION FORM
SUBSIDY FOR PROFESSIONAL DEVELOPMENT ACTIVITIES**

Applicant Name: _____ (in print)

CLTAV Membership No. _____ (Membership Fee paid)

Professional Development Activity Details:

Venue: _____

Date: _____

Professional Development Activity: _____

(The participants are encouraged to provide a report on the PD event they attended for the newsletter.)

Work place: _____

Telephone: _____ Email: _____

Postal Address: _____

_____ Postcode: _____

(Note: participants are NOT eligible to apply for CLTAV subsidy if have been granted with subsidy from their school/other organizations)

Applicant Signature: _____ Date: _____

President Signature: _____ Date: _____

CLTAV USE ONLY

Signed by: _____ (Secretary/Treasurer) Cheque posted on: