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| SHORT COURSE/WORKSHOP FUNDING SCHEME |
| FOR STAFF INVOLVED IN TEACHING (TRAINING OF TRAINERS)  **COURSE REPORT FORM** |



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| 1. **Title of Short Course/Workshop:**   ***(please use block capitals)*** |  |

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| 1. **Name of**   **Course Organiser:** |  |  | 1. **List Name of**   **TU Dublin Course Lecturer(s):**  **Lecturers:** (attach copy of normal lecturing timetable for TU Dublin staff) | **Staff No:** |
| **Contact Tel. No:** |  |  |  |
| **Contact Email:** |  |  |  |
| **School/Department:** |  |  |  |
| **College:** |  |  |  |

1. **Number of Participants: (**Attach a list showing name, job, title, school/department)

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| **Number of Participants** | **Male** | **Female** | **Total** |
| TU Dublin Staff |  |  |  |
| Others |  |  |  |
| ***Totals*** |  |  |  |

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| **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):** | | € |
| **Materials:** | **(Attach receipts & Breakdown list):** | | € |
| **Other Costs:** | **(Attach receipts & Breakdown list):** | | € |
| Total Costs | | | € |

1. **Course Costs** (Attach a copy of the Short Course/Workshop Timetable)

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| **COURSE REPORT FORM** |

**6. COURSE REPORT:**

**Attach a Course Report that includes a summary of the feedback from course participants, observation of Trainer(s) and results of assessment, if any.**

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| **7. DECLARATION**  **I CONFIRM THAT THE ABOVE DETAILS ARE ACCURATE AND I WISH TO CLAIM THE APPROPRIATE PAYMENTS** | |
| **Signed:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Course Organiser** | **Date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **8. AUTHORISATION**  **I CERTIFY THAT THE STAFF MEMBER(S) ABOVE HAS/HAVE DISCHARGED ALL OF THEIR TIMETABLED**  **AND CONTRACT DUTIES. THIS WORK WAS CARRIED OUT OUTSIDE OF NORMAL TIMETABLED HOURS** | |
| Signed:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Head of School**  **Signed:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Director** | **Date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **Completed application form to be returned to Head of Staff Development~~,~~**  **TU Dublin, Aungier Street, Dublin 2** | |