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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** |