



**STAFF DEVELOPMENT - SUPPORT STAFF  
GROUP - APPLICATION FORM**

**ANY APPLICATION THAT IS NOT COMPLETED CORRECTLY WILL BE RETURNED.  
PLEASE PRINT.**

WORKSITE \_\_\_\_\_

CONTACT NAME  
& PHONE: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_ (one course per application)

ACTIVITY LOCATION: \_\_\_\_\_

ACTIVITY DATE START: \_\_\_\_\_ FINISH: \_\_\_\_\_

# OF PARTICIPANTS: \_\_\_\_\_

**Please include list of participants.**

<b>ACTIVITY FEE:</b>	\$
<b>OTHER EXPENSES:</b>	\$
<b>TOTAL EXPENSES:</b>	\$

**ACTIVITY OUTLINE AND COST BREAKDOWN MUST BE INCLUDED WITH THIS APPLICATION.**

SIGNATURE OF APPLICANT \_\_\_\_\_

SIGNATURE OF SUPERVISOR \_\_\_\_\_

Please send/fax to: CBE Staff Association, Staff Development Office,  
#3, 1915 - 32 Avenue NE.  
Calgary, Alberta T2E 7C8  
Phone: 242-7555 EXT.3 **Fax: 203-1716**

Can also be sent through the CBE inter-school mail