

***Professional Development Session
Application Form***

Organisation name: _____

Contact person name: _____

Contact person position: _____

Email address: _____

Telephone number: _____

Title of conference/seminar: _____

Date of conference/seminar: _____

Location of conference/seminar: _____

Purpose of conference/seminar: _____

Is it an annual conference/seminar? Yes No

If a JPF Consultant has presented at the conference in the past, please give details:

Estimated number of participants: _____

Type of participants: Primary Teachers Junior Secondary Teachers Senior Secondary Teachers Other

Proficiency of participants: Beginner Intermediate Advanced

Number of JPF Language Consultants required: _____

What costs are you able to cover? Travel Accommodation Neither

Please choose from the session content on the previous webpage:

