

**ATTACHMENT 2:  
PROFESSIONAL ENRICHMENT PROGRAM FORM**

**Time recommendation**  
Six months prior to travel

Section 1: Principal's Details		
TITLE	FIRST NAME/S	LAST NAME
SCHOOL NAME		
SCHOOL LOCATION		
EMPLOYER		
CONTACT DETAILS PRIOR TO LEAVE <i>(phone mobile and email)</i>		
CONTACT DETAILS DURING LEAVE <i>(phone, mobile, email)</i>		

Section 2: Proposed Period of Leave and Destination Details			
PROPOSED DATES OF PROFESSIONAL ENRICHMENT LEAVE	START DATE (dd/mm/yy)	FINISH DATE (dd/mm/yy)	
TOTAL WEEKS ON PROFESSIONAL ENRICHMENT LEAVE			
PROPOSED PERIOD OF OTHER LEAVE <i>(including any leave taken in conjunction with professional enrichment leave)</i>	START DATE (dd/mm/yy)	FINISH DATE (dd/mm/yy)	
Destinations			
FROM: (dd/mm/yy)	TO: (dd/mm/yy)	CITY/AREA	COUNTRY

Section 3: Details of Proposed Professional Enrichment Leave Activities		
Please state proposed activities and objectives, including their purpose and the length of time to be spent in each proposed location. Indicate how these objectives will be achieved, what you see as the expected outcome, and how the program could meet your current and/or future needs, and the current and/or future needs of the school.		
Objective	Activity	Outcome
<i>e.g. Obtain a better understanding of Catholic Identity in the order of...</i>	<i>e.g. Visit and study the teaching of...</i>	<i>e.g. Importing knowledge identifying strategies for enhancing Catholic Identity within our school community...</i>

#### Section 4: Proposed Travel and Cost Details

Please list all relevant costs related to travel and your proposed professional enrichment leave program below:

TRAVEL INCLUDING AIRFARES, HIRE CARS	\$
REGISTRATION / CONFERENCE / SEMINAR / COURSE	\$
ACCOMMODATION	\$
ESTIMATED MEALS AND INCIDENTALS <i>(ATO determination of reasonable travel allowance rates)</i>	\$
INSURANCE COST	\$
OTHER COSTS	\$
<b>TOTAL</b>	<b>\$</b>

#### Section 5: Replacement Staff During Leave

Please list proposed arrangements to cover school commitments during leave

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#### Section 6: Principal's Passport Details

COUNTRY OF ISSUE	
PASSPORT NO.	
EXPIRY DATE <i>(should be more than six months from date of return)</i>	

#### Section 7: Co-traveller/s Details

<b>1. FULL NAME/S</b>	
PASSPORT DETAILS <i>(country of issue and number)</i>	
CONTACT DETAILS WHILE TRAVELLING <i>(email, mobile)</i>	
<b>2. FULL NAME/S</b>	
PASSPORT DETAILS <i>(country of issue and number)</i>	
CONTACT DETAILS WHILE TRAVELLING <i>(email, mobile)</i>	

Section 8: Emergency Contact Details (not a co-traveller)		
TITLE	FIRST NAME/S	LAST NAME
ADDRESS		
EMAIL ADDRESS		
PHONE NUMBER (incl. area code)		
RELATIONSHIP TO PRINCIPAL		

Tick all as appropriate if attached to agreed professional enrichment program:

- Invoice/s for airfares and other transport costs (i.e. car hire)
- Invoice/s for conferences / courses / seminars / educational sessions
- Quote/s for accommodation
- Invoice/s for insurance
- Leave form/s for other leave proposed in conjunction with professional enrichment leave (as required by school)
- Detailed itinerary

APPROVAL: TO BE COMPLETED BY EMPLOYER AND PRINCIPAL	
APPROVAL NOTES	
EMPLOYER'S SIGNATURE	DATE
PRINCIPAL'S SIGNATURE	DATE

*The Guidelines are provided for assistance in relation to the arrangement for professional enrichment leave for principals and employers. The Guidelines are not intended to be legally binding on the employer, the principal, the relevant Catholic education office or the Catholic Education Commission of Victoria Ltd (CECV). The Guidelines are not intended to be incorporated into a principal's contract of employment. The CECV may modify, replace or withdraw the Guidelines at any time.*