



Professional Development Training Application Form

Please complete this form and return to the Principal Office.

Kazakhstan International School
More than Academics
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SECTION A : EMPLOYEE DETAILS		
Full Name of Applicant		
Title		
Faculty/Grade/Department		
SECTION B: PD/WORKSHOP DETAILS		
PD/Workshop Name		
PD/Workshop Venue		
Purpose of the training (Please kindly attach a copy of workshop program outline)		
PD Leave Application	Start Date:	End Date:
	Total of working days:	
SECTION C: PAYMENT DETAILS (Funding entitlement)		
a. Funding by school	<input type="checkbox"/>	
b. Self-Funding	<input type="checkbox"/>	
c. Other-please specify	<input type="checkbox"/> _____	
(Read PD policy for this section)		
SECTION D: FUNDING DETAILS		
Anticipated cost applied for	Workshop fees:	
	Travel:	
	Accommodation:	
	Meals :	
	TOTAL:	
SECTION E: AUTHORIZATION		
I hereby agree to all conditions stated under Professional Development Policy.		
Signature of Applicant		
Date:		
Signature of Principal		Date:
Signature of Chairman		Date:
Comments:		