# APPLICATION FOR IN-SERVICE/TRAINING (INSET)

ACADEMIC

# For Teacher to fill in:

1. Name\* :

*(\*Please write your name which will be written on the certificate)*

1. Position :
2. Number of Years in ACS\* : ……………… year/s month/s

Number of experiences in teaching IBDP\*: ……………… year/s month/s

*(\*For IB Teacher only)*

1. Title of Training :
2. Organized by :
3. Date(s) of Training :
4. Location of Training :
5. Explain the benefits of this Training :

# For the Executive Principal / Vice Principal to fill in.

1. Training registration fee (attached the training info flyer)
2. Transportation arrangement:
	* School’s car
	* Own Vehicle
	* Taxi

 Flight ticket from ..................... to .....................

* + Others …………….
1. Meal:
	* Provided by the school
	* Provided by the Training organization
2. Accommodation:
	* Hotel day(s)
	* Own accommodation

 Others....................................................

*Employee Signature : Acknowledged by :*

# (Executive Principal)