Pro-D Funding Application for PAID COLLABORATION 2026-27

The Board and the WVTA have agreed to offer the Paid Collaboration Program for another year to provide collaboration opportunities in the following manner:

1. Teachers will complete below the fields below as funding application for Paid Collaboration and provide it to their principals to review and sign – one form from each participant.
2. WVTA will review Pro-D Funding Request Forms for Paid Collaboration.
3. Each teacher is eligible for one full day of paid collaboration per school year and must individually fill out this form.
4. Days available to collaborate would be Reading break, Winter and Spring breaks, weekends.
5. Days must occur within the book ends of the school year (i.e., not July or August).
6. The Board will pay the teacher an additional full day (at the TTOC rate) at the end of the month the collaborative work is scheduled.
7. We would not compensate for weekend or evening course attendance (example: Conferences).
8. We would not agree to pay or release for credit courses.
9. We would ***limit the amount available in the program to the equivalent of 110 TTOC days***, on a first-come, first-serve bases.
10. The purpose of the agreement is to keep teachers in the schools during school days while still allowing collaboration.
11. This is a one-year agreement.

Please complete the below carefully, **sign, scan** *(no photos please)* **and email** to info@wvta.ca retaining a copy for your Professional Growth files**.** Applications, when possible, should be received at the WVTA Office at ***least two weeks in advance***. Incomplete applications will be returned.

Name: _____ **School:** _____ **Application Date:** _____

Collaborative Activity: Please include a detailed account of how collaborative activity is connected to your professional development. **Example**: Infusing new pedagogy into your practice is considered Pro-D, Unit Planning is not.

Date of Collaboration: _____ **Location:** _____

WVTA Members you will be collaborating with: (*please list ~ please note, all collaborators must submit their applications before the proposal will be considered*)

Your Signature: _____ **Signature of Principal:** _____

For Office Use Only:

Approved (Y/N) _____ *Signature- District PD Chair:* _____ *Date:* _____