



**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
PROFESSIONAL DEVELOPMENT INITIATIVE 2018.19  
PDI Appendix C Forms – PDI Application Form**

**Part A. Applicant** Fill in form completely. Incomplete and late packages will not be reviewed.

Employee ID #: \_\_\_\_\_ Position Title: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Email: \_\_\_\_\_ Contact #s: \_\_\_\_\_

Personal Mailing Address: \_\_\_\_\_

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ %: \_\_\_\_\_ Relief Worker: \_\_\_\_\_ Job Share/Seasonal: \_\_\_\_\_ Term: \_\_\_\_\_

Activity Title: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Reimbursement: resources airfare mileage hotel tuition **Funding Support Requested\*:** \_\_\_\_\_  
Prepayment: (PDI Credit card) airfare hotel tuition

**Attachments**

- learning plan, activity brochure, website link and/or list resources
- job shadow/mentorship/practicum request attached
- International Travel: Completed *Request for International Travel* form attached plus letter of justification

**Statement of Verification**

- My package is complete and I am submitting to the PDI Office no less than six weeks prior to the travel activity or where prepayment is requested and eight weeks prior for international travel
- I understand and do meet eligibility requirements; my learning plan supports the activity; and all supporting information is complete and accurate; \*funding approval and amount will be determined by the PDI Office.
- I understand that if I travel before I am approved for funding from the PDI Office I will not be reimbursed.

\_\_\_\_\_  
Employee Signature Date

**Part B. Manager** Supported Denied

\_\_\_\_\_  
Manager Signature Date

Printed Name

**Part C. Training Officer**

Date Received: \_\_\_\_\_ VID # \_\_\_\_\_ DD: \_\_\_\_\_

Authority # \_\_\_\_\_ NOC: \_\_\_\_\_ Position # \_\_\_\_\_ % of hours: \_\_\_\_\_ CS: \_\_\_\_\_

Total Term: \_\_\_\_\_ Term End: \_\_\_\_\_ Resignation: \_\_\_\_\_ Retirement: \_\_\_\_\_ Inactive Status: \_\_\_\_\_ Seasonal: \_\_\_\_\_

Available PDI Credit: \_\_\_\_\_  Approved  Denied Reason: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_ Waitlist: \_\_\_\_\_



**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
PROFESSIONAL DEVELOPMENT INITIATIVE 2018.2019  
Appendix C Forms – Learning Plan**

<b>Name:</b>		<b>Department /Health Authority:</b>	
<b>Position Title:</b>		<b>Division/Unit:</b>	
<b>Employee Identification Number:</b>	<b>Fiscal Year:</b>	<b>Employee Status:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time/ Job Share <input type="checkbox"/> Term <input type="checkbox"/> Relief	
One learning plan should be created for the entire fiscal based on the needs identified in the employee's current performance appraisal. Include non mandatory certifications.			
<b>1. Learning Priorities</b>  Identified topics for professional development, education and training.			
<b>2. Purpose of Training (Check)</b>	Develop Health and Social Services Skills		
	Directly relevant to role/position		
	Maintain license requirements (not required to practice)		
	Succession plan		
<b>3. Describe how these areas will support and or enhance your service with the GNWT as a service provider.</b>			

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date Reviewed