

# APPLICATION FOR PD WORKSHOP MATERIALS AND FACILITATOR

Association of Early Childhood Educators of Newfoundland and Labrador  
P. O. Box 8657, St. John's, NL A1B 3T1  
telephone 579-3028 toll free: 1-877-579-3028

www.aecenl.ca

Office: 50 Pippy Pl., Unit 19, St. John's  
aecenl@nfld.net  
fax: 579-0217 toll-free 1-877-579-0217

*Applications received by fax will not be processed - please send application forms and workshop deposit by mail or drop off by hand to AECENL.- Please do not send cash by mail*

## SECTION A: HOST ORGANIZATION / APPLICANT

|                                  |                |                                  |  |
|----------------------------------|----------------|----------------------------------|--|
| Name: _____                      |                |                                  |  |
| First Name                       | Middle Initial | Last Name                        |  |
| Name of Host Organization: _____ |                |                                  |  |
| Address: _____                   |                |                                  |  |
| Street/P.O. Box                  |                |                                  |  |
| City/Town                        | Province       | Postal Code                      |  |
| Telephone: _____ (business)      |                | _____ (fax) Email address: _____ |  |

## SECTION B: WORKSHOP INFORMATION:

Name of workshop to be borrowed: \_\_\_\_\_

Will workshop be open to public or in-house only? \_\_\_\_\_ Anticipated date of facilitation: \_\_\_\_\_

\* I, \_\_\_\_\_ am aware that the workshop contents are property of AECENL and are to be used only to facilitate the requested workshop. The materials will not be copied to a hard drive or other electronic media or altered in anyway.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION C: FACILITATOR INFORMATION:

|   |                |           |
|---|----------------|-----------|
| Name of Facilitator: _____  |                |           |
| First Name  | Middle Initial | Last Name |
| Facilitator's Certification Level and Classification: _____   |                |           |
| Have they completed AECENL's Workshop Facilitation Skills workshop? _____   |                |           |
| _____   |                |           |
| *If Facilitator is affiliated with the organization/centre indicate the non-affiliated person who would be designated to sign workshop PD certificates: _____ |                |           |

**This Section - Office Use Only**

Facilitator approved: Yes    No    Initials: \_\_\_\_\_

Workshop sent: \_\_\_\_\_ Due Date: \_\_\_\_\_

Deposit Paid: Yes    No    Refund to be sent to: Applicant    Organization    Other

Comment: \_\_\_\_\_