

APPLICATION FOR PL WORKSHOP MATERIALS AND FACILITATOR

Association of Early Childhood Educators of Newfoundland and Labrador
P. O. Box 8657, St. John's, NL A1B 3T1
Telephone: 579-8993

www.aecenl.ca

Office: 59 Pippy Place, Suite 2A, St. John's
plcoordinator@aecenl.ca
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: _____