

**FORM 2 GEDSBOT APPLICATION FOR
PROFESSIONAL LEARNING REIMBURSEMENT**

Name: _____

ETFO ID Number: _____

Address including postal code: _____

Telephone: _____

Email address: _____

Date submitted: _____

Title of Workshop/ Seminar/ Conference/Course attended:

Attach original receipts for fees, hotel, parking and mileage (please calculate at \$0.50 per km.). Attach proof of completion, if applicable. *Within 30 day of completion*

In addition to your written report, would you like to share your professional learning activity at a:

- General Meeting
- Executive Meeting
- In a workshop format

Applicant's signature: _____

This section reserved for GEDSBOT Executive use only:
Date Received: _____ Date Reviewed: _____
Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Signing Officers: _____
Cheque #: _____ Date Sent: _____