

APPLICATION FORM FOR THE DEVELOPMENT OF A PROFESSIONAL LEARNING PROGRAMME/COURSE/MODULE

Date: _____

Sections A and B are to be filled in by the Educator applying to develop a professional learning programme/course/module.

SECTION A

Name of Educator	
Designation	
Contact e-mail	
Office Tel. No.	
Mobile No.	

SECTION B

Title	
Rationale:	
Main Objectives:	
Main Learning Outcomes	
MQF Level	
No. of contact hours	

No. of ECTS	
Target Audience	
Entry Requirements	
Pedagogical Guidelines	
Assessment Procedures	
Relevance to the implementation of MEDE's objectives	

SECTION C

(To be filled in by CEO Institute for Education)

Recommendation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature (including Rubber stamp): Date:	

(To be filled in by the Senior Manager Administration and Finance)

Please indicate if funds to organise this professional learning programme are available:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature (including Rubber stamp): Date:	