

SEDA

PROFESSIONAL DEVELOPMENT FRAMEWORK

Briefing and Development Events 2006



Dates

Tuesday 14th March 2006, Liverpool

Monday 8th May 2006, London

Thursday 5th October 2006, London

Aims of the Day

- To introduce the SEDA Professional Development Framework structure and process
- To enable participants to explore the flexible use of SEDA-PDF in their home institution
- To explore the requirements for satisfying institutional and named award recognitions
- To support those working towards recognition

Programme

10.30 – 10.50	Introduction to event; participants; facilitators
10.50 – 11.30	Brief history and overview of SEDA-PDF
11.30 – 11.45	Short Break
11.45 – 13.00	SEDA-PDF named awards: developing, presenting and satisfying requirements for recognition
13.00 – 13.45	Lunch and networking
13.45 – 14.45	Institutional component – satisfying requirements for recognition
14.45 – 15.00	Concluding plenary and feedback

Target Audience

- Programme leaders and staff developers who wish to explore the potential use of SEDA-PDF for their institutions
- Those in the process of developing and presenting programmes for named recognitions.

Cost

The cost for the event is **£140** per person. If you subsequently register your programme for SEDA-PDF, one fee (i.e. £140) will be deducted from the registration fee.

SEDA-PDF Briefing and Development Events – Registration Form

Please indicate which event you wish to attend and return this form to the SEDA office.

- Tuesday 14th March 2006, Liverpool
 Monday 8th May 2006, London
 Thursday 5th October, London

Your details		
Title:	Forename:	Surname:
Job Title:		
Institution/Organisation:		
Postal address:		
		Post code:
Tel:	Fax:	Email:
Special requirements, e.g. dietary/access		

Payment Options																					
The event cost is £140 . Payment must be in UK pounds sterling & can be made either by:																					
<input type="checkbox"/>	Cheque made payable to 'SEDA' and drawn on a UK bank																				
<input type="checkbox"/>	Please invoice (include an official purchase order:.....)																				
Invoice Address (if different from above):																					
<input type="checkbox"/>	Credit card by completing the form below																				
I wish to pay by Credit Card. Please debit my Switch/Visa/MasterCard/Delta* account number (*delete where applicable).																					
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Cardholders Signature:																					

Please return to: SEDA, John Foster House, 36 Gordon Square, London, WC1H 0PF
 tel: 020 7380 6767, fax: 020 7387 2655, email: office@seda.ac.uk, url: www.seda.ac.uk