# **Programme Maintenance Allowance Application**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School information | | | | | | | | |
| School Name | | |  | | School no. | | |  |
| Contact Email | | | |  | | | | |
| Staffing entitlement details | | | | | | | | |
| Staffing reduction (FTTE amount) | | | |  | | | | |
| PMA request for (FTTE amount) | | | |  | | | | |
| FTTE commitment to affected programme  Please provide a breakdown of the affected programme(s), stating the hours required to maintain the programme for each year level | | | | | | | | |
| Programme name | | | | **Year level (10+ only)** | | **Hours required to maintain** | | |
|  | | | |  | |  | | |
|  | | | |  | |  | | |
|  | | | |  | |  | | |
|  | | | |  | |  | | |
|  | | | |  | |  | | |
|  | | | |  | |  | | |
|  | | | |  | |  | | |
|  | | | |  | |  | | |
|  | | | |  | |  | | |
|  | | | |  | |  | | |
|  | | | |  | |  | | |
|  | | | |  | |  | | |
|  | | | |  | |  | | |
|  | | | |  | |  | | |
|  | | | |  | |  | | |
| Background information  Please provide some detail as to why the allowance is required and what processes the school followed after being notified of the reduction in staffing | | | | | | | | |
|  | | | | | | | | |
| Attachments | | | | | | | | |
|  | A copy of your CAPNA outcome to this application | | | | | | | |
| Certification  I certify that the information contained in this application form, to the best of my knowledge, is true and correct | | | | | | | | |
| Principal’s name | |  | | | | | | |
| Principal’s signature | |  | | | | | Date |  |