#  **Programme Maintenance Allowance Application**

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| School information  |
| School Name |   | School no.  |   |
| Contact Email |   |
| Staffing entitlement details |
| Staffing reduction (FTTE amount)  |   |
| PMA request for (FTTE amount) |   |
| FTTE commitment to affected programmePlease 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** |
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| Background informationPlease provide some detail as to why the allowance is required and what processes the school followed after being notified of the reduction in staffing |
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| Attachments |
|[ ]  A copy of your CAPNA outcome to this application |
| CertificationI 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 |   |