**For Evaluator’s use:**

|  |
| --- |
| **Feedback on Facilitation Plan:** |

**For Applicant’s use:**

**Application to conduct Teacher-Led Workshop (TLW) for 2024**

|  |  |
| --- | --- |
| **Workshop Title**  (Maximum 65 characters, including spaces) |  |
| **Name and School of Main Facilitator** |  |
| **Name and School of Co-Facilitator 1** *(if applicable)* |  |
| **Name and School of Co-Facilitator 2** *(if applicable)*  (Maximum of **three** facilitators in total) |  |
| **Workshop Objectives**  (Minimum two objectives) | By the end of the workshop, (level and subject)teachers should be able to |

|  |  |
| --- | --- |
| **Proposed Choice of TLW Mode**  (\*Delete whichever is inapplicable) | **\*[OVC]** Online via videoconferencing TLW/ **[F2F]** Face-to-face TLW/ **[e-TLW]** e-learning on OPAL2.0  *[Note:* ***[OVC]*** *Online via videoconferencing TLW is the preferred mode of TLW in 2024]* |
| **Rationale for Choice of TLW Mode**  (\*For F2F/e-TLW only: Briefly explain your choice for F2F/e-TLW.) |  |

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**Facilitation Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Duration** | **Activities / Tasks** | **Rationale** | **Mode of Interaction** | **Resources** |
|  | *Introduction* |  |  |  |
|  | *Development 1* |  |  |  |
|  | *Break* |  |  |  |
|  | *Development 2* |  |  |  |
|  | *Closure and Consolidation* |  |  |  |

Note:

1. Please insert more rows to show clear breakdown of activities during the TLW where appropriate.
2. Please refer to the **2024 TLW Proposal Submission Infosheet** to guide you in writing your facilitation plan.
3. Please submit this document as a .**docx** or **.doc** file through the Google Form. **PDF submissions will be rejected**.