

CoP Application Form

|  |  |  |  |
| --- | --- | --- | --- |
| Community of Practice Title | | | |
|  | | | |
| Lead Facilitator /Contact | School / Unit | Phone Number | Email |
|  |  |  |  |
| Supporting Facilitators | School / Unit | Phone Number | Email |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Add extra Rows if required

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Community of Practice Information | | | | | | | |
| CoP status | New |  | Growing |  | Established | |  |
| CoP Type | Develop Capability |  | Build Capacity |  | Support Innovation | |  |
| Brief Summary on the main purpose of the Community of Practice | | | | | | | |
|  | | | | | | | |
| Outline how your CoP activities are aligned to TU Dublin Strategic Objectives, including the Development of Graduate Attributes and the Implementation of the Education Model. | | | | | | | |
|  | | | | | | | |
| Outline the Target Membership and future Membership Recruitment Approach | | | | | | | |
|  | | | | | | | |
| Community of Practice Goals : Short, Medium and Longer term | | | | | | | |
|  | | | | | | | |
| Outline the key activities proposed for 2024/25 and 2025/26(A detailed worked plan should be submitted with the application which details the proposed) | | | | | | | |
|  | | | | | | | |
| Outline how resources developed from the Community will be shared | | | | | | | |
|  | | | | | | | |
| Outline key outputs and impact from previous the Community of Practice (or if new application any previous relevant outputs from Lead and Supporting Facilitators) | | | | | | | |
|  | | | | | | | |
| Outline the Maximum Potential Impact on the Student Learning Experience and to Professional Teaching, Learning and Assessment Practice within TU Dublin and your plan to achieve that level of impact. | | | | | | | |
|  | | | | | | | |
| Outline how you will ensure sustainability and growth of the CoP | | | | | | | |
|  | | | | | | | |
| Provide details of relevant Networks / Associations that will connect to the Community of Practice | | | | | | | |
|  | | | | | | | |
| Provide details of any external funding that is available to support this Community of Practice (If applicable) | | | 2024/25 | | | 2025/26 | |
|  | | |  | | |  | |
| Budget Requested (If Applicable): | | | 2024/25 | | | 2025/26 | |
| Visiting Lecturers / Guest Speakers | | |  | | |  | |
| Hospitalities | | |  | | |  | |
| Materials / Services | | |  | | |  | |
|  | | |  | | |  | |
| References | | | | | | | |
|  | | | | | | | |
| Signature of Lead Facilitator |  | | Date | |  | | |
| Signature of Line Manager of Lead Facilitator |  | | Date | |  | | |

Closing Date: 5pm 5th June 2024

Email application to: CommunityofPractice@tudublin.ie