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| **Section 1: Background Information of Training Provider / Enterprise Applicant** | | |
| **Organisation Name** | Type Here | |
| **Management Rep(s)** | **First Representative** | **Second Representative** |
| **Name** | Type Here | Type Here |
| **Designation** | Type Here | Type Here |
| **Email** | Type Here | Type Here |
| **Phone** | Type Here | Type Here |
| **Name of Consultant** | Type Here | |

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| **Section 2: Request for Curriculum Developer Staff Change** | | | | | | | | |
| **Affected Course** | 1st Course (Guided Redesign) | | | | | 2nd Course (Independent Redesign) | | |
| **Phase of Course Redesign / Development** | 1 - Planning | | 2 – Course Redevelopment | | 3 – Conducting Pilot and Review | | | 4 – Follow-up |
| **Name of Staff Withdrawing from innovDev** | Type Here | | | **Role in Course Redesign** | | | Type Here | |
| **Reason(s) for Staff Withdrawal and Change** | Type Here | | | | | | | |
| **Details of New Curriculum Developer Staff Replacement** | | | | | | | | |
| **Name** | Type Here | | | | | | | |
| **Designation** | Type Here | | | | | | | |
| **Email** | Type Here | | | | | | | |
| **Phone** | Type Here | | | | | | | |
| **Employee Status** | Full-time  Part-time  Freelance  Others | | | | | | | |
| **Years of employment / relationship with the Organisation** | Type Here | | | | | | | |
| **Enrolment Status for IAL’s 6PoLD CPD Programme** | Yes | No, intended commencement date (if applicable):  DD/MM/YYYY | | | | | | |
| **Curriculum Developer / Learning Designer Replacement’s Expertise and Experience** | **Brief description of duties in Organisation:** | | | | | | | |
| Type Here | | | | | | | |
| **Curriculum Development / Learning Design Experience and Qualifications:**  *(e.g. work portfolio, total years of experience, achievements in said areas of work. Please attach CV as alternative if preferred.)* | | | | | | | |
| Type Here | | | | | | | |
| **List the EdTech tools he / she is familiar with and illustrate with examples of how they were utilized:** | | | | | | | |
| Type Here | | | | | | | |
| **Changes to course redesign, action plans and timelines *(if applicable)*:**  *Please also attach your original action plan for reference.*  Type Here | | | | | | | | |

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| **Section 3: Signatures and Endorsement for Change in Staff** | |
| We, the undersigned, confirmed that the change in the team composition will not compromise our ability and commitment to complete the project and submit all required deliverables as committed under the innovDev agreement, and that we will endeavour to complete the said above, as agreed. | |
| **Submitted by Organisation** | **Endorsed by Consultant** |
| Type Name Here | Type Name Here |
| |  | | --- | | Name of Management Representative | | |  | | --- | | Name of Consultant | |
| Insert Signature Here   |  | | --- | | Signature | | Insert Signature Here   |  | | --- | | Signature | |
| DD/MM/YYYY | DD/MM/YYYY |
| |  | | --- | | Date | | |  | | --- | | Date | |