

 **Professional Development for Teacher of Religious Education in Catholic Schools**

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| **Name:** |  |  | **School:** |  |

***Hours of Input***

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| **Date** | **Course Title/PD** | **Presenter** | **Theology** | **Scripture** | **Religious Ed** | **Approved Elective** | **Spirituality** | **Catholic Character** | **Co-Ordinator’s Signature** |
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 **DRS/Principal please email to:** **cses@wn.catholic.org.nz**

 **Fax: (04) 496 1715**

 **or post to: Administrator**

 **Catholic Schools Education Services**

 **PO Box 1937 Wellington 6140**