Dear Faculty Member,

Please kindly fill the following self-development report and do not hesitate to contact us if you have any further information. Regarding your submission, BCL&D will inform approval or rejection approximately one week after receiving your self-development report. Thank you.

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| --- | --- | --- |
| Facilitator Information | | |
| Lecturer ID | : |  |
| Lecturer name | : |  |
| Faculty/School | : |  |
| Study program | : |  |
| Extension no. / Mobile no.  (WhatsApp preferable) | : |  |

|  |  |  |
| --- | --- | --- |
| Self-Development Report Information | | |
| Training name | : |  |
| Training schedule | : |  |
|  |  | Date Time Venue |
| Learning outcomes | : | 1.  2.  3. |
| Profile of targeted training participants | : |  |
| Related training competency  Select on of competency related | : | 🞎 Development related to lecturer’s competency (Teaching, Research, ComDev)  \*Not related to Scopus material/disseminating research results/external training sharing session.  🞎 Development related to FM Structural competency |
| Checklist document  Documents that have to submit with this form | : | 🞎 Approval KPI FM: Self-development as study program facilitator by HoD/HoP  🞎 Certificate as Facilitator (soft copy)  🞎 Training materials (soft copy)  🞎 Training invitation (soft copy)  🞎 Training documentation (photo)  🞎 List of training participants (soft copy) |

|  |  |  |
| --- | --- | --- |
| Requester, | Approved by, | |
| Name: | Name : |  |
|  | Position : | Head of Department/Head of Program |
|  |  | Minimal approved by Head of Department/Head of Program |

* *This form can be approved online via email. Therefore, signature of this document is not required.*
* *Please return this form to BINUS Corporate Learning & Development (BCL&D) after being approved by Head of Department/Head of Program via email to Sunarsih (Email:* [*sunarsih@binus.edu*](mailto:sunarsih@binus.edu)*), and Seera Puji Adriaansz Marwa (Email:* [*seera@binus.edu*](mailto:seera@binus.edu)*)*