

Child Youth and Family Services Coalition of Simcoe County

Professional Development Fund Application Form

DATE: Click here to enter a date. (please submit 6 weeks prior to your event)

**APPLICANT DETAIL**

NAME: Click here to enter text.

ORGANIZATION: Click here to enter text.

EMAIL ADDRESS: Click here to enter text.

PHONE NUMBER: Click here to enter text.

**PROFESSIONAL DEVELOPMENT TRAINING EVENT DETAIL**

TITLE OF EVENT: Click here to enter text.

DATE(s) OF EVENT: Click here to enter text.

LOCATION OF EVENT: Click here to enter text.

DESCRIPTION OF EVENT (please provide a brief description and agenda of this event):

Click here to enter text.

TRAINING BENEFIT DESCRIPTION (please provide the proposed benefit to you, your organization and the collective work of the CYFS Coalition as a whole, including how the new knowledge will be shared following the training):

Click here to enter text.

**PROFESSIONAL DEVELOPMENT TRAINING COSTS**

**Travel: $**Click here to enter text.

**Accommodation: $**Click here to enter text.

**Meals: $** Click here to enter text.

**Registration: $** Click here to enter text.

**Professional Development Fund Amount requested** *(maximum $500)* **$** Click here to enter text.

*Thank you for your application. Please forward to Julie McAlpine, Executive Assistant, CYFS Coalition* [*jmcalpine@simcoecountycoalition.ca*](mailto:jmcalpine@simcoecountycoalition.ca)*. Please allow 4 weeks for consideration of your request by the Executive Committee.*