

CYFS Coalition

Professional Development Fund Application Form

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please submit 6 weeks prior to your event)

**APPLICANT DETAIL**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROFESSIONAL DEVELOPMENT TRAINING EVENT DETAIL**

TITLE OF EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE(s) OF EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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):

**PROFESSIONAL DEVELOPMENT TRAINING COSTS**

**Travel: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Accommodation: $\_\_\_\_\_\_\_\_\_**

**Meals: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration: $ \_\_\_\_\_\_\_\_\_\_\_\_**

**Professional Development Fund Amount requested** *(maximum $500)* **$ \_\_\_\_\_\_\_\_\_\_\_**

*Thank you for your application. Please forward to Julie McAlpine, Executive Assistant, CYFS Coalition* *jmcalpine@simcoecountycoalition.ca**. Please allow 4 weeks for consideration of your request by the Infrastructure Table and Secretariat.*