



Child Youth and Family Services Coalition of Simcoe County
YMCA Lakehead Leadership Program Subsidy Form

DATE: _____ (please submit 6 weeks prior to training)

APPLICANT DETAIL

NAME: _____

ORGANIZATION: _____

POSITION: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

Please indicate if you are new to a leadership role or # of years in a leadership role: _____

PROFESSIONAL DEVELOPMENT TRAINING EVENT DETAIL

Date of Leadership Training: _____

Level of Leadership Training: _____

If other than Level 1, when Level 1 was taken: _____

Please indicate your experience with collaboration within your organization and in the community.

Please provide a description of the value of this Leadership training to you individually, to your organization and to the collective work of the Coalition. Include how your new leadership skills will be shared and used following the training.

Please provide a description of the Leadership Training value to the candidate and agency including specific information on what the benefit is to your agency and the collective work of the Coalition, including how the new knowledge will be shared/used following the training.

REQUEST FOR SUBSIDY FUND

Cost of Leadership training: \$ _____

Amount of subsidy being requested: \$ _____

Candidate Signature: _____

Date: _____

Manager signature: _____

Date: _____

Note to Managers: Please indicate if there are other staff from your organization attending this Leadership Program and if costs are being covered by your organization or subsidy being requested. _____

*Thank you for your application. Please forward to Kathryn Manners CYFS Coalition Coordinator kmanners@simcoecountycoalition.ca
Please allow 4 weeks for consideration of your request by the Executive Committee.*