

DISTRICT OF PARRY SOUND Professional Learning/ Capacity Funding Application

For more information email: ccsm@psdssab.org

Email completed applications to: ccsm@psdssab.org (Include "Professional Learning" in the subject line)

Professional Learning Funding is provided by the District of Parry Sound Social Services Administration Board to support professional learning to improve recruitment and retention of the RECE workforce and other program staff, and to support the implementation of the CWELCC agreement.

- This form is to be completed by the child care supervisor.
- Please complete all sections of the application before submitting.

THIS FORM IS TO BE COMPLETED BY A PROGRAM SUPERVISOR *INFORMATION PROVIDED WILL BE USED TO DETERMINE ELIGIBILITY FOR PROFESSIONAL LEARNING/ CAPACITY FUNDING

Purpose of Funding

This funding supports professional learning opportunities that build capacity of the early years and child care sector to support the provision of high-quality programs that align with How Does Learning Happen? Ontario's Pedagogy for the Early Years.

Enhancing current professional learning supports to include mental health information for the child care and early years workforce will promote more meaningful relationships, enriched experiences and a greater sense of well-being for children, educators and families.

Eligible Staff

- Program supervisors and staff in licensed child care centres that are enrolled in CWELCC or exclusively serving children aged 6-12
- Home visitors and providers in home child care agencies that are enrolled in CWELCC or exclusively serving children aged 6-12
- Program staff and supervisors in EarlyON Child and Family Centres
- Also included is support for additional staff such as non-program staff cook, management, resource consultants and recreation and skill building program staff

**** Funding will be prioritized to support professional learning opportunities that build on or complement existing capacity-building initiatives that respond to the need of the communities.**

OPERATOR INFORMATION

Child Care Operator: _____

Supervisor Name: _____

Email: _____ Phone: _____

FUNDING REQUEST

Date of Proposed Training: _____

Name of Training: _____
(attached a copy of the training)

Topic/ Area of Focus (Brief Summary of the training):

Cost of the training requested (per registrant): \$ _____

Number of staff requesting to attend: _____

Name of Staff	Staff Position
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Total Funding Requested: _____

Name of Applicant (please print)

Signature of Applicant

Date: _____

FOR OFFICE USE ONLY- DSSAB APPROVAL

- | | |
|--|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| <input type="checkbox"/> Professional Learning Funding | <input type="checkbox"/> CapacityFunding |