# 2026-27 Individual Sponsorship Application Form

Form Preview

## Individual Sponsorship - Expression of Interest Application Form

Applications for Individual Sponsorship to attend professional development courses, conferences and workshops will be assessed against the following criteria:

1. All applications must be submitted with relevant attachments on the Child, Youth and Family Services Program (CYFSP), Workforce Development and Training (WDT), Individual Sponsorship Expression of Interest (EOI) form.
2. All applicants must be employed through a CYFSP funded service and the application approved and signed by their manager.
3. Categories for individual sponsorship applications include professional development courses, conferences, and workshops.
4. The criteria for assessment will include:
    - Extent to which the training directly serves the individual's professional development within their current role
    - What impact the professional development will have to the broader CYFSP sector
    - Demonstration of how the applicant will share the knowledge gained from the specific professional development undertaken
    - Consideration of the value of the specific professional development in the broader context of what is available to the sector.
5. Approval of the application will be subject to the number of previous approvals granted to a particular individual and/or their associated CYFSP organisation for that financial year.
6. The individual sponsorship will be approved for the cost of the event only, and will not include the cost of travel, accommodation, and other out-of-pocket expenses.
7. Applications will be considered at the next scheduled WDT Committee Meeting and applicants will be advised of the outcome within 10 working days of this meeting.
8. Once approved, the applicant should advise the training supplier to send an invoice addressed to:

CYFSP Workforce Development and Training

Community Relations and Funding Support

Communities Directorate

Email: CYFSP.Training@act.gov.au

Attention: WDT Secretariat, CRFS

## Applicant details

* indicates a required field

Applications must be lodged a minimum of four weeks prior to the registration closing for the event.

**Are you currently employed within the Community Services Directorate's CYFSP sector? ***

○ Yes ○ No

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Unfortunately, you are not eligible to apply for an Individual Sponsorship as they are only available for current CYFSP employees

**Applicant**
Title First Name Last Name

**Job title** *

**Name of Organisation** *
Organisation Name

**Work Phone Number** *
Must be an Australian phone number.

**Work Mobile Phone Number**
Must be an Australian phone number.

**Email** *
Must be an email address.

**Please indicate the CYFSP-funded program/service you work in** *
☐ Aboriginal and Torres Strait Islander Engagement
☐ Youth Engagement (including CALD)
☐ Group Programs
☐ Young Carers and their Families
☐ Intensive Intervention
☐ Case Management
☐ Network Coordination
☐ Integrated Family Support
☐ Therapeutic Services
☐ Peak Body
☐ Parenting Program

**Which category are you applying under?** *
☐ Conferences
☐ Workshops
☐ Leadership development
☐ Other:

## Training details

* indicates a required field

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**Title of training event** *

**Start date of training event** *
Must be a date.

**End date of training event** *
Must be a date.

**Venue of training event** *

**Cost of training event (Excl GST)** *
Must be a dollar amount.

**Please advise if the cost is in a currency other than Australian Dollars** *

**Please upload a copy of the brochure**
Attach a file:

**If you don't have a brochure, please provide a website link**
Must be a URL.

**Please provide an explanation of your current role within your program or organisation** *

**Please provide an explanation of why you are interested in this training** *

**Please provide an explanation of how your learning from this training will be embedded into practice, and how this will benefit your team more broadly** *

**If the training has an accreditation/certificate component, are you intending to complete the work to attain the accreditation or certificate?** *

## Feedback, review and submit

* indicates a required field

### Certification

**Agreement to share learnings**

I am aware that approval of this request requires a commitment from me to share my learnings to the broader CYFSP sector. This may be done via a presentation to the CYFSP Practice Leadership Group, or a one-page written reflection which will be shared with sector stakeholders. I am also aware that I may be asked to provide further feedback on the training to the WDT Sub-committee.

**I agree to share my learnings** *

○ Yes ○ No

**Name** *

Title First Name Last Name

*

Must be a date.

### Managers agreement

I have sought the agreement of my manager to participate in this training and they are supporting my request for this to be funded through the CYFSP WDT budget.

My manager has also provided their support for me to embed this training into my practice and to share my learnings with the CYFSP sector.

**Managers name** *

Title First Name Last Name

**Please attached the evidence of your supervisor's approval, such as an email or document. The approval must clearly include the applicant's name, the title of the training, and the training dates** *

Attach a file:

This could be an email or document, and must outline your name, the title and date of the training