Trainee Final Report (PART 2)

Nova Scotia Film & Television Production Incentive Fund

Applicant Information	
Applicant Company:	Production:
Trainee Information	
Name:	Position:
Address:	

Learning Objectives: ***(To be completed by the Applicant)***

Did the trainee meet the objectives in the training plan? (Please provide a few examples of how these objectives were met):

Trainee Comments: ***(To be completed by Trainee)***

Please comment on the impact of this position on your professional development:

Signature of Applicant: _____ Date: _____

Signature of Trainee: _____ Date: _____

Signature of Trainer: _____ Date: _____