

Trainee Training Plan (PART 1)

Nova Scotia Film & Television Production Incentive Fund



Applicant Information	
Applicant Company:	Production:
Trainee Information	
Name:	Address:
Phone:	Email:
Position:	
Brief job description:	
Please confirm that the trainee has provided proof of either: <ul style="list-style-type: none">• completion of a recognized educational program from an accredited post-secondary institution Yes <input type="checkbox"/> No <input type="checkbox"/>• letter of reference from an accredited mentor Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trainer Information*	
Name:	Address:
Phone:	Email:
Position:	
Trainee Skills	Trainee Goals
Please list the trainee skills to be developed:	Please list the trainee's specific goals relevant to the position:

Signature of Applicant: _____ Date: _____

Signature of Trainee: _____ Date: _____

Signature of Trainer: _____ Date: _____

* Trainer to attach a resume as proof of being an established professional in the field