

Trainee Final Report (PART 2)

Nova Scotia Film & Television Production Incentive Fund

Applicant Information

Applicant Company:	Production:
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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:	_____