



YUKON FILM INCENTIVE PROGRAM LABOUR/TRAINING REBATE

YUKON FILM TRAINING PRE-APPROVAL FORM

Film Working Title: _____
Production Company: _____
Production Office Address: _____
Production Office Telephone: _____ **Production Office Fax:** _____
Production Office E-Mail: _____
Permanent Address: _____
Permanent Telephone: _____ **Permanent Fax:** _____
Producer: _____
Production Manager: _____ **Accountant:** _____

Yukon Trainee: _____
Full Name: _____
Permanent Address: _____
Telephone: _____ **Yukon Health Care #:** _____
Yukon Resident Since: _____ **Position:** _____
Contractor Or Employee (Circle One) **Day/Hourly Rate:** _____
Anticipated Dates/Hours Of Work: _____

Please attach complete film resume for trainee, including film training/education and experience.

Non-Yukon Trainer: _____
Full Name: _____
Permanent Address: _____
Telephone: _____ **Position:** _____
Contractor Or Employee (Circle One) **Day/Hourly Rate:** _____
Anticipated Dates/Hours Of Training: _____

- *Please attach complete film resume for trainer, including film training/education and experience.*
- *Please attach a list of skills/knowledge that the trainee does not now possess, but will have at the end of the training period.*
- *This form is for approval of a non-Yukon film crew member qualifying under the Yukon film incentive training program to be subsidized for training a Yukon resident crew person. A full report of days/hours worked and total labour paid for this Yukon resident will be required to complete the application for rebate. Any rebate will be paid directly to the Production Company upon approval and confirmation that Yukon labour costs have been paid.*

YUKON TRAINEE

PRODUCTION MANAGER OR ACCOUNTANT