

FILM TRAINING INITIATIVE APPLICATION FORM

Please answer the following questions as completely as possible. More questions are found on the reverse of this form. Feel free to submit a draft application to the Office of the Film Commission and we can determine whether or not it is complete and, upon request, make suggestions on how to fine-tune the contents.

Name of Applicant _____

Address _____ Postal Code _____

Telephone _____ Fax _____ Email _____

Type of Funding Being applied for:

1. Crew trainee rebate 2. Matched labour rebate 3. Educational assistance

Please fill out the applicable section below.

1. Crew Trainee Rebate

Note: You will need to submit a statement of training, call sheets, verification of your trainer's qualifications and a final budget upon completion of the training.

Name of Production Company _____

Name of Production Manager _____

Production Name _____

- Feature film Television program Commercial
 16 mm film 35 mm film Other

Anticipated total production days _____ Rate of pay _____

Anticipated hours/day _____

First day of shooting _____ Last day of shooting _____

We will be working in the following Yukon locations: _____

Please list the name of all trainees and their roles as well as the name of all trainers and their roles on the production.

Trainee Name	Position/Rate	Trainer Name	Position/Rate
_____	_____	_____	_____
_____	_____	_____	_____

2. Matched Labour Rebate

Name of Production Manager _____

Production Name _____

Feature film

Television program

Commercial

16 mm film

35 mm film

Other

Note: You will need to submit a statement of training, call sheets, verification of your trainers' qualifications and a final budget upon completion of the training.

Total production days _____

First day of shooting _____ Last day of shooting _____

Please list the name of all trainees and their roles as well as the name of all trainers and their roles on the production.

Trainee Name	Position/Rate	Trainer Name	Position/Rate
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3. Educational Assistance

Name of Applicant _____

Address _____ Postal Code _____

Telephone _____ Fax _____ Email _____

Please attach a resume of your film experience and training, including dates.

Description of educational program: _____

(Please attach a copy of official course literature)

Date of Program (start/end): _____

Educational Institute (if a mentor, please attach mentor's resume): _____

Explain how this program will develop your skills and further your career: _____

Please attach a budget for the full cost of your educational project. Include tuition, texts and any required consumable materials as line items, and show the basis for these figures (e.g., Course literature). Submit your completed application to:

Film Commission

Department of Tourism

Government of Yukon

PO Box 2703, Whitehorse, Yukon, Y1A 2C6

Or fax:(867) 3937040. Please call to confirm.