

**SASKATCHEWAN FILM EMPLOYMENT TAX CREDIT PROGRAM
TRAINING PLAN**

Position:	Story Department Trainee
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1	Distribution of scripts to production office and crew as required
2	Photocopying scripts
3	Manage photocopier problems and needs
4	Proofread scripts for spelling errors and layout mistakes
5	Assist writers with needs
6	Keep track of receipts
7	Handle petty cash envelopes

Agreed to and acknowledged this _____ day of _____, 20_____.

<i>Mentor Initial</i>	<i>Trainee Initial</i>

**SASKATCHEWAN FILM EMPLOYMENT TAX CREDIT PROGRAM
MENTOR COMPLETION FORM**

Mentor Name	
Mentor Position	
Trainee Name	
Trainee Position	Story Department Trainee

I, _____ agreed to undertake mentorship activities with regard to the above-referenced trainee in the referenced position. With regard to the training activities undertaken, I provide the following assessment:

	Function	Activity Code	Assessment Code
1	Distribution of scripts to production office and crew as required		
2	Photocopying scripts		
3	Manage photocopier problems and needs		
4	Proofread scripts for spelling errors and layout mistakes		
5	Assist writers with needs		
6	Keep track of receipts		
7	Handle petty cash envelopes		

Activity Code:

I: Introductory Only

P: Performed Function

Assessment Codes:

U: Unsatisfactory Performance **M:** Trainee met required standards **E:** Trainee exceeded standards

	Function	Assessment Code
	Possessed understanding of set protocol	
	Possessed understanding of set safety	
	Possessed effective communications skills	
	Possessed positive attitude and behavior	
	Demonstrated team-working skills	
	Was able to work independently	
	Demonstrated organizational and time management skills	
	Exhibited desire for continuous learning	

Closing Comments

I acknowledge that the above comments, in whole or in part, may be shared between the SaskFilm, the producer, applicable government departments, applicable unions/guilds and the Trainee.

Mentor Signature: _____