

**SASKATCHEWAN FILM EMPLOYMENT TAX CREDIT PROGRAM  
DEEMING PROVISION  
TRAINEE COMPLETION FORM**

Trainee Name	
Trainee Position	
Mentor Name	
Mentor Position	

I, \_\_\_\_\_ agreed to undertake training 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	Assessment Code
The training plan was explained in detail by the producer and/or the producers representative	
The training undertaken was in accordance with the training plan provided.	
The mentor took time to explain and inform me of the tasks associated with the training plan.	
Opportunity was provided to me to interact with and work directly with the mentor.	
The mentor offered constructive criticism during the training period.	
The opportunity provided to me was of value.	

**Assessment Codes:**

**U:** Unsatisfactory

**M:** Met Expectations

**E:** Exceeded Expectations

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 Mentor.

Trainee Signature: \_\_\_\_\_