

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 Name: _____

Permanent Address: _____

Telephone: _____ Yukon Health Care #: _____

Yukon Resident Since: _____ Position: _____

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

Non-Yukon Trainer: _____

Full Name: _____

Permanent Address: _____

Telephone: _____ Position: _____

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 Location Incentive Training program to be subsidized for training a Yukon resident crew person. The Yukon Film & Sound Commission will verify that the Yukon Health Care information provided is accurate with Yukon Health & Social Services. 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.

PLEASE SEND COMPLETED FORM TO:

MAIL:
YUKON FILM & SOUND COMMISSION
BOX 2703 (F-3)
WHITEHORSE, YT
CANADA Y1A 2C6

EMAIL:
info@reelyukon.com

FAX:
+1-867-393-7040

PHONE:
+1-867-667-5400