

**BEFORE YOU BEGIN**

The employer will complete this report for each participant and submit to Advanced Education immediately following the training period. The final payment on your funding is dependent upon the submission and approval of this report.

Agreement No. (For Office Use Only)

**EMPLOYER/EMPLOYEE INFORMATION**

Organization Legal Name

Participant Name

Course/Training Name

Type of Skills Learned from training (Select all that apply)

- Essential Skills    Specialized/Technical/Trade Skills    Management Skills    Other Professional Skills

If applicable, name of Certificate or Credential Earned

**EMPLOYMENT RESULTS**

Employment Status on completion of training

- Unemployed    Employed Full Time    Employed Part-time    Employed Temporarily    Self Employed  
 (Optional) EI Recipient    Yes    No

Weekly Number of Hours upon completion of training

Gross Weekly Wage upon completion of training

Job title upon completion of training

NOC\*\*

Job Description

\*\* The National Occupational Classification (NOC) website can be found at <http://www5.hrsdc.gc.ca/NOC/English/NOC/2011/Welcome.aspx>

**PARTICIPANT/EMPLOYER SATISFACTION RATE**

Participant Level of Satisfaction (Select all that apply):

- Increased sense of job security    Retained current job    Better equipped to do current job  
 Advanced or Promoted    Obtained a better job    Increased Productivity    Obtained a higher salary

Employer Level of Satisfaction (Select all that apply):

- Skills needs met    Training needs met    Expectations of the CJG met    Able to hire additional employees  
 Productivity has increased    Increase in investment in training  
 Would not have accessed this training had funding NOT been available:    Yes    No

- Attach proof of payment from trainer    Attach proof of course completion from trainer

I certify that the information provided on this report is true and correct.

Employer must record their name and the date this form is completed in the space provided below.

Name:

Signature:

Title:

Date (YYYY-MM-DD):

## **SUBMIT REPORT**

Submitting the CJG Employer Activity Report:

By Mail Yukon Education/Advanced Education  
PO Box 2703  
Whitehorse, Yukon Y1A 2C6

By Fax Yukon Education/Advanced Education  
Fax number: (867) 667-8555

Hand Delivery Yukon Education/Advanced Education  
1000 Lewes Blvd. Whitehorse

The report can also be emailed to the CJG intake officer.

**Questions? For more information, contact Yukon Education at 1-800-661-0408, local 5131.**