

**Employment,**

**Life Skills & Training**

**Interim Narrative Report**

BC Association of Aboriginal Friendship Centres

551 Chatham Street, Victoria, BC V8T 1E1

Phone: 250-388-5522 Toll Free 1-800-992-2432

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| **Name of Friendship Centre:** |  |
| **Report period – 2nd Quarter** | **August 1, 2024 to October 30, 2024** |
| **Report period – 3rd Quarter** | **November 1, 2024 to January 30, 2025.** |

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| **Please complete the following sections. Expand the sections as needed.** |
| **Identify any group training that was offered in the report period (see dates above). Include:** * **How many participants were served in each group?**
* **How many participants completed the training?**
* **What was the duration of the training (days/weeks)?**
* **Was there a certificate given upon completion (first aid, WHMIS, etc)?**

**ANSWER:** |
| **[answer here]** |
| **Identify any cultural components or supports offered. This could include services provided by an Elder.****ANSWER:** |
| **[answer here]** |
| **If you did not deliver any group or cultural trainings or supports, please explain why.****ANSWER:** |
| **[answer here]** |
| **How many clients have you provided support to in this quarter?**  |
| **[answer here]** |

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| **SUCCESS STORIES AND PICTURES**  |
| Please send at least one success story and picture you want to share with **Testimonial Consent and Release Form(s**) with this report. If you need a copy of these forms please contact Vanessa at employment@bcaafc.com . Success looks different to everyone, maybe it is the first time someone has accessed funding, or taken part in a skills training course etc. This feedback informs future decisions if our programs gets further funding. |

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| **Submitted by:** Name | Title |
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