

**Employment,**

**Life Skills**

**& Training**

**Final Narrative Report**

BC Association of Aboriginal Friendship Centres

551 Chatham Street, Victoria, BC V8T 1E1

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| **Name of Friendship Centre:** |  |
| **Report period:** | **July 15, 2023 to June 30, 2024** |

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| **Please complete the following sections. Expand the sections as needed.** |
| **Identify any group training that was offered from March 1 to June 30 2024. 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)?**
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| **[answer here]** |
| **Identify any cultural components or supports offered from March 1 to June 30 2024. This could include services provided by an Elder.** |
| **[answer here]** |
| **Please describe how your Program addressed the employment or education needs of your community.** |
| **[answer here]** |
| **Describe your lessons learned and best practices that can help us improve the program and benefit other communities.** |
| **[answer here]** |
| **Please describe any challenges encountered in your program. Examples may include but are not limited to administrative, financial, recruitment, COVID-19, reporting, etc.** |
| **[answer here]** |
| **How did the participants benefit from the program? Did the training delivered meet the participant’s needs as originally intended?** |
| **[answer here]** |
| **Describe the supports that were effective in supporting participants in their learning and meeting their cultural needs. Describe what additional supports could have been included, if any.** |
| **[answer here]** |

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| **If applicable, please comment on the benefits of any work experience or practicums for participants.** |
| **[answer here]** |
| **Please describe your experience engaging with project partners including the Ministry, BCAAFC, training providers, industry partners, employers, community partners, etc.**  |
| **[answer here]** |
| **Please feel free to provide any additional comments related to your experience in delivering this program.**  |
| **[answer here]** |
| **SUCCESS STORIES AND PICTURES**  |
| Please send at least one success story and picture you want to share with the Testimonial Consent and Release Form(s) with this report. If you need a copy of these forms please contact Yvonne at ytrott@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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