



HR Development Program Application

Please fill out the application and return to training@creativemanitoba.ca

Organization Name: _____

Contact Name: _____

Email: _____ Phone: _____

Arts Discipline: _____

Organization website: _____

Number of full-time staff: _____ Number of part-time/seasonal staff: _____

Do you pay for HR services?: Yes No

If yes, what kind of services?

What are your current HR challenges?

What do you hope to gain from participating in this program?

Are you prepared for the entire staff to participate in this process? Yes No

Signatures of Executive Director and Board Chair:

Executive Director

Board Chair