

ABORIGINAL HEALTH HUMAN RESOURCES INITIATIVE COMMUNITY-BASED WORKER AND HEALTH MANAGER TRAINING ANNUAL REPORT

DCI Number/Fiscal Year:

HC-P031 (2023-2024)

Purpose:

This report is for the promotion of Indigenous participation in health human resources management, health career promotion, and career development best practices, to promote and support competent health services at the community level. The contribution agreement contains provisions that outline the financial and non-financial reporting required from recipients. The level and frequency of reporting will vary depending on the mode of delivery. For targeted programs, reporting and accountability requirements specified in the contribution agreement will be at a level and frequency that is appropriate to determine whether program specific delivery requirements have been met and if expenditures were made by the recipient in accordance with the terms of the agreement.

Reporting Period:

For the coming fiscal year ending March 31st

Due Date:

The due date specified in your Contribution Agreement

Field Definitions:

| Field | Definition |
|---|---|
| Identification | |
| Recipient Name | The name of organization that has received a transfer payment, or has been authorized to receive a transfer payment, under a transfer payment program, and can be found in the funding agreement. |
| Recipient Number | The number assigned by Indigenous Services Canada / Crown-Indigenous Relations and Northern Affairs Canada to organization that has received a transfer payment, or has been authorized to receive a transfer payment, under a transfer payment program, and can be found in the funding agreement. |
| Region | Select the region in the drop-down menu from which the recipient is reporting. |
| Contact | |
| Given Name Family Name Title/Position | The name and contact information of the responsible official to verify the content and information contained in this report. |

| Field | Definition |
|---|---|
| Mailing Address (Number/Street/Apartment/P.O. Box) City/Town Province/Territory Postal Code Telephone Number Extension Email Address | A valid postal code is in the upper case in the format 'A##A#A#'. A valid telephone number includes the 3 digit area code in the format '###-###-####'. A valid email address may be in upper or lower case in the format 'a@a.a'. |
| Reporting Period | Indicate the reporting period from and to dates from the drop down calendar. Dates are in the format of 'Year-Month-Day'. |
| Training Information | |
| Training Type | Indicate the type of training provided to AHHRI community-based workers and/or health managers. |
| Training Name | Indicate the name of the training, course, or program, etc. |
| Objective | Provide the objective of the training. |
| AHHRI funding received for this training | Indicate the total amount of the AHHRI funding that have been received for this training. |
| Amount spent on this training | Indicate the total amount that has been spent on this training. |
| Number of workers having attended the training | Indicate the total number of the workers who have attended this training. |
| Number of workers having completed the training | Indicate the total number of the workers who have completed this training. |
| Comment (Optional) | Provide comments on matters such as best practices, lessons learned, impacts of training, how training dollars were used, etc. |
| Supporting Documents (if applicable) | This table allows you to identify the supporting document(s) being submitted and the method of submission. |
| Title | Enter the name of the supporting document. |
| Submission Method | From the drop-down list, select the method by which additional documents will be submitted. The options include: <ul style="list-style-type: none"> - Attachment - Email - Facsimile - Mail - By Hand/Courier If you select 'Attachment' as the submission method, an 'Attach File' button will appear. Selecting this button allows you to select a file that |

| Field | Definition |
|---|--|
| | <p>will be attached to the form. After attaching the file you can click on the paper clip icon on the left side of the Adobe application to see the attached file. Once the file is attached, the 'Attach File' button changes to 'Remove File'. To remove the file only, select this button. To clear all fields for a single document and remove the associated file, select the [-] button.</p> |
| Declaration | |
| <p>Given Name Family Name Title/Position Date (YYYYMMDD)</p> | <p>The given name, family name and title/position of the person who acknowledged the accuracy of the information, and the date on which it was completed. Dates are in the format of 'Year Month Day'.</p> |