



## Cost Benefit Analysis Survey

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. What type of occupation was held prior to training? \_\_\_\_\_

2a. What was the salary on this job? \_\_\_\_\_

2b. What resources were available for daily living, if unemployed prior to training?

3. What type of training was obtained with the CN Career Development assistance?

4. How much did the training cost? \_\_\_\_\_

5. Is the current job in the area of training completed? \_\_\_\_\_

6. What is the name and place of employment?

7. What is the present salary being received? \_\_\_\_\_

**Career Counselor**

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