SkillBridge Industry Partner Reporting Form

Thank you for your participation in the DoD SkillBridge Program.

In compliance with DODI 1322.29 "Job Training, Employment Skills Training, Apprenticeships, and Internships (JTEST-AI) for Eligible Service Members" and your SkillBridge MOU, your organization is required to collect and provide metrics that pertain to the engagement and participation in your SkillBridge Program. The following questionnaire serves to collect those metrics and completion of this questionnaire fulfills your SkillBridge Program's reporting requirements.

Prior to beginning this questionnaire, be prepared to provide the following numbers for participants in your SkillBridge Program(s) running from **October 1, 2019 - June 30, 2020** :
- Number of participants in your SkillBridge program that
  - applied
  - enrolled
  - completed
- Number of participants who received a job interview or job offer

To see a preview of the questionnaire, click here.

SkillBridge Program metrics must be submitted by by Saturday, August 15, 2020 at 11:59 PM EST.

* The information you provide here will be stored and handled according to the SkillBridge privacy policy. Please click below to indicate that you are over the age of 18 and agree to share your information based on the SkillBridge privacy policy.

○ I agree

○ I do not agree

Provide this SkillBridge Program's point of contact information:

* First name

* Last name

* Email Address

* What is the name of the organization supporting this SkillBridge Program?

* What is the name or title of your SkillBridge Program?

What is the location of ?

*If responding for an entire organization, state that the reporting applies to all locations and business units. If responding on behalf of a location or business unit, specify the location and business unit. Report on all program locations for **October 1, 2019 - June 30, 2020**.*

What are the program dates for ?

*If responding for an entire organization, state that the reporting applies to all locations and business units. If responding on behalf of a location or business unit, specify the location and business unit. Report on all program dates for **October 1, 2019 - June 30, 2020**.*

What was the average cost of to participants?

Provide the number of applicants to for the following groups:

*Report in numerical format (ex., 1809 or 1,809). Report applicants for all programs running from **October 1, 2019 - June 30, 2020**.*

Number

Total Service member applicants:	
Enlisted Service member applicants:	
Enlisted Service member applicants above the E7 paygrade:	
Officer Service members applicants:	
Military spouse applicants:	
Veteran applicants:	

Provide the number of enrollments for for the following groups:

Report in numerical format (ex., 1809 or 1,809). Report number of enrollments for all programs running from **October 1, 2019 - June 30, 2020**.

	Number
Total Service member enrollees:	
Enlisted Service member enrollees:	
Enlisted Service member enrollees above the E7 paygrade:	
Officer Service member enrollees:	
Military spouse enrollees:	
Veteran enrollees:	

Provide the number of completions for for the following groups:

Report in numerical format (ex., 1809 or 1,809). Report completions for all programs running from **October 1, 2019 - June 30, 2020**.

	Number
Total Service member completions:	
Enlisted Service member completions:	
Enlisted Service member completions above the E7 paygrade:	
Officer Service member completions:	
Military spouse completions:	
Veteran completions:	

Provide the number of participants that received a job interview after completion of :

Report in numerical format (ex., 1809 or 1,809). Report job interviews for all programs running from **October 1, 2019 - June 30, 2020**.

	Number
Total Service members:	
Enlisted Service members:	
Enlisted Service members above the E7 paygrade:	
Officer Service members:	
Military spouses:	
Veterans:	

Provide the number of job offers received after completion of for the following groups:

Report in numerical format (ex., 1809 or 1,809). Report job offers for all programs running from **October 1, 2019 - June 30, 2020**.

	Number
Total Service members:	
Enlisted Service members:	
Enlisted Service members above the E7 paygrade:	
Officer Service members:	
Military spouses:	
Veterans:	

Have you verified the information for on the SkillBridge authorized list page and the SkillBridge locations map?

Note: Upon submission of this questionnaire you will be provided with a link to submit updates to the information displayed for your program on the SkillBridge website.

◯ Yes

◯ No

* By implementing I agree to comply with the Department of Defense Equal Opportunity Policies as stated below:

- The Department of Defense (DoD) is dedicated to equality of treatment and opportunity

for all personnel without regard to race, religion, color, sex (including gender identity), sexual orientation, or national origin. The DoD strives to maintain a professional working environment in which a Service member's race, religion, color, sex (including gender identity), sexual orientation, or national origin will not impact his or her professional opportunities. Accordingly, within each selection charter those candidates who are "best and fully qualified," you must ensure that Service members are not disadvantaged because of their race, religion, color, sex (including gender identity), sexual orientation, or national origin.

- Your evaluation of all Service members must afford them fair and equitable consideration. You should be particularly vigilant in your evaluation to take care that no Service member's opportunity is disadvantaged by biased utilization policies or practices. You should evaluate each Service member's potential to assume the responsibilities of the next opportunity.
- This guidance shall not be interpreted as requiring or permitting preferential treatment of any Service member or group of individuals on the grounds of race, religion, color, sex (including gender identity), sexual orientation, or national origin.

○ I agree

*By checking this box, I attest that the information provided within this form is true and accurate to the best of my knowledge and belief. I confirm that the information reported is for my organization's SkillBridge Program(s) between October 1, 2019 - June 30, 2020. Additionally, I acknowledge and understand that checking this box will be enforceable as to the extent of a handwritten signature for enforcement/enforceability on documents.

○ I agree