



Self-Employment Assistance Program Application

All Fields Are Mandatory

PLEASE PRINT CLEARLY

Self-Employment Assistance Program (Living Allowance)

The Self-Employment Assistance Program provides financial assistance to clients who want to start or expand their business. If approved, clients will receive up to a maximum of \$10,000.00 that will be paid in bi-weekly installments. This is intended to cover personal and living expenses. This money is not to be used for direct investment into the business.

Self-Employment Assistance Program (Lump Sum)

Under the Self-Employment Assistance Program, Qalipu First Nation may provide financial reimbursement of up to 25% (less HST) to clients in the development of their business plan.

BUSINESS INFORMATION

Company: _____ Telephone #: _____
Address: _____ Fax #: _____
_____ E-mail: _____

Has the business been previously approved for an employment program? Yes No

If "yes", please indicate funding agency, type of employment program and duration of agreement:

Are you the sole owner of this business? Yes No

Is this a new company? Yes No

Did you purchase this company from a previous owner? Yes No

*If yes, please include a copy of the purchase agreement.



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Is this a home based business? Yes No

Type of business: Non-Profit
Local Business
Sole Proprietorship
Other (please specify) _____

Aboriginal ownership: Yes-Majority Yes-Minority Yes-Percentage Unknown None

Number of employees: _____

Is your business currently in operation? Yes No

If "yes", please indicate when business started operations: _____

If "no", please indicate when you expect to be in operation: _____

Please provide a brief description of your business:

**Attach a separate sheet if necessary*

Additional information:

**Attach a separate sheet if necessary*



BUSINESS OWNER INFORMATION

Name: _____ SIN#: _____

Address: _____ Telephone #: _____

_____ Fax #: _____

_____ E-mail: _____

Gender: Male Female Date of Birth: _____

Marital Status: Single Married Other If "other", please specify: _____

No. of Dependents: _____ Age of Dependents: _____

Preferred Language: English French Other _____

Highest Level of Education Attained:

Grade Level completed: _____ Year: _____

Post-Secondary completed: _____ Year: _____

Qalipu Mi'kmaq First Nation Band Registration #: _____

If you're not a member of the Qalipu Mi'kmaq First Nation Band, please indicate the Band or organization in which you are a member: _____

Have you been previously approved for an employment program? Yes No

If "yes", please indicate funding agency, type of employment program and duration of agreement:

Are You Employed? Yes No

If "yes", please indicate your gross weekly income: \$ _____

If "yes", please indicate the number of hours you work per week: \$ _____

If "no", are you in receipt of EI benefits? Yes No

If "no", have you been in receipt of EI benefits in the past three years? Yes No

If "yes", please indicate your weekly EI rate: \$ _____



Do you have a disability? Yes No

If "yes", please specify: _____

Please state your employment goals:

Please indicate any barriers you have to employment:

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Dependent care |
| <input type="checkbox"/> Lack of Labour Force Attachment | <input type="checkbox"/> Lack of marketable skills |
| <input type="checkbox"/> Lack of Work Experience | <input type="checkbox"/> Physical, emotional, or mental health |
| <input type="checkbox"/> Lack of Transportation | <input type="checkbox"/> Other barrier(s) not listed above: |
| <input type="checkbox"/> Remoteness | _____ |
| <input type="checkbox"/> Language | _____ |
| <input type="checkbox"/> Education | _____ |
| <input type="checkbox"/> Economic | _____ |

Additional information:

**Attach a separate sheet if necessary*



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DECLARATION

Applications may also be used for public documents such as Minutes, Work Force Qalipu Reports, and Board Kits etc. The Qalipu Mi'kmaq First Nation Band agrees to share this information with Service Canada or Aboriginal Affairs and Northern Development Canada.

I give permission to Work Force Qalipu to request a Certificate of Clearance from WorkplaceNL (formerly known as WHSCC – Workplace, Health, Safety and Compensation of Newfoundland and Labrador).

I understand that Work Force Qalipu will make contact through e-mail and I understand that it is my responsibility to notify Work Force Qalipu if any of my contact information changes.

I understand that, if approved, a short survey may be required at the end of the agreement.

X

Business Owner Signature

Date

**YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE
IF THE FOLLOWING ARE NOT ATTACHED:**

Self-Employment Assistance Program (Living Allowance):

- All Sections of the Self-Employment Assistance Program Application Form
- Resume
- Business Plan
- A photocopy of your SCIS or Confirmation of Membership into Aboriginal Organization or Band

Self-Employment Assistance Program (Lump Sum)

- All Sections of the Self-Employment Assistance Program Application Form
- Resume
- A quote from a consultant with the cost of the development of your business plan
- A photocopy of your SCIS or Confirmation of Membership into Aboriginal Organization or Band

Submit Applications to:

Work Force Qalipu
Attention: Mrs. Judy Falle, Client Intake Officer
P.O. Box 460
St. George's, NL A0N 1Z0

Faxed or e-mailed applications cannot be accepted.