

**Self-Employment Assistance Program (SEAP)  
Application**

**ALL FIELDS ARE MANDATORY**

**Self-Employment Assistance Program (Living Allowances)**

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 in the business.

**Self-Employment Assistance Program (Lump Sum)**

Clients may be provided with a lump sum reimbursement of up to 25% (less HST) towards the development of their business plan.

<b>BUSINESS INFORMATION</b>			
Name of 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
Was this company purchased from a previous owner? <i>*If yes, please include a copy of the purchase agreement.</i>			Yes No
Is this a home-based business?			Yes No



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Type of Business:	Non-Profit Local Business Sole Proprietorship Other
Indigenous Ownership	Yes – Majority Yes – Minority Yes – % Unknown None
Number of Employees:	
If your business currently in operation?	Yes No
If yes, please indicate when business started operations?	
If no, please indicate when you expect to start operations.	
Please provide a brief description of your business: <i>*Attach a separate sheet if necessary</i>	
Additional Information <i>*Attach a separate sheet if necessary</i>	



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**EDUCATION & TRAINING**

<b>BUSINESS OWNER INFORMATION</b>			
Name:		SIN:	
Address:		Telephone #:	
		E-mail:	
		Date of Birth:	
Gender:	Female	Marital Status:	Single
	Male		Married
	Non-binary Person		Other
No. of Dependents:		Age of Dependents:	
Preferred Language:	English		
	French		
	Other		
Are you a member of Qalipu First Nation?			Yes No
If no, do you identify as Indigenous?			Yes No
Do you have a disability?			Yes No
If yes, please specify:			
Have you previously been approved for an employment program?			Yes No
If yes, please indicate funding agency, type of employment program and duration of agreement:			
<b>EDUCATION AND EMPLOYMENT INFORMATION:</b>			
Highest Level of Education Attained:			
Grade Level Completed:		Year:	
Post-Secondary Completed:		Year:	
Are you employed?	Yes		
	No		

**EDUCATION & TRAINING**

If yes, please indicate your gross weekly income:	
If yes, please indicate the number of hours you work per week:	
Are you in receipt of EI benefits?	Yes No
If no, have you been in receipt of EI benefits in the past 3 years?	Yes No
<b>Please state your employment goals:</b>	
<b>Please indicate any barriers you have to obtain and/or maintain employment:</b>	
None Lack of Labour Force Attachment Lack of Work Experience Lack of Transportation Remoteness Language	Education Economic Dependent care Lack of marketable skills Physical, emotional, or mental health Other (please specify):
<b>DECLARATION</b>	
<p>Signing this application gives Qalipu First Nation permission to share this information with Service Canada and Indigenous Service Canada. I acknowledge that the information in this application may also be used for public documents such as minutes, reports, board kits, newsletter, presentations, social media to promote this program.</p> <p>I give permission to Education and Training to request a Certificate of Clearance from WorkplaceNL (formerly known as WHSCC – Workplace, Health, Safety and Compensation of Newfoundland and Labrador).</p> <p>I understand that Education and Training will make contact through e-mail and I understand that it is my responsibility to notify Education and Training if any of my contact information changes. I understand that, if approved, a short survey may be required at the end of the agreement.</p>	
Signature:	
Date:	

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**Submit Applications To:**

Education & Training  
Attention: Yvonne MacDonald  
P.O. Box 460  
St. George's NL  
A0N 1Z0

E-mail: ymacdonald@qalipu.ca

For more information, please call: 1-709-647-3514

**FAXED APPLICATIONS CANNOT BE ACCEPTED**

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

**SEAP (Living Allowances)**

- Completed SEAP Application Form
- Resume
- Business Plan
- Photocopy of your SCIS or temporary confirmation of registration (if applicable)
- Confirmation of membership into an Indigenous Organization or Band

**SEAP (Lump Sum)**

- Completed SEAP Application Form
- Resume
- A quote from a 3rd party consultant with the cost of the development of a business plan
- Photocopy of your SCIS or temporary confirmation of registration (if applicable)
- Confirmation of membership into an Indigenous Organization or Band