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APPLICANT INFORMATION

Last name	First Name	DOB (DD/MM/YYYY)
Mailing address		Apartment/Unit
City	Province	Postal Code
Phone	Email address	
Please identify your ancestry: <input type="checkbox"/> Status Indian <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Non-Aboriginal		

AVAILABILITY

During which times are you most available for workshops?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

EDUCATION/EXPERIENCE

Please indicate your level of education, training, employment history and relevant experience.

Please check all applicable statements:

- I have a business idea
- I have a business plan
- I currently own a business
- I have previously participated in a skill development program for entrepreneurs



Please indicate if you have attended workshops in any of the following topics:

- | | |
|---|---|
| <input type="checkbox"/> Developing a business plan | <input type="checkbox"/> Selecting the right business opportunity |
| <input type="checkbox"/> Partnership opportunities | <input type="checkbox"/> Computer applications for businesses |
| <input type="checkbox"/> Legal forms of business | <input type="checkbox"/> Financing opportunities for businesses |
| <input type="checkbox"/> Bookkeeping and accounting | <input type="checkbox"/> Income tax and tax laws |
| <input type="checkbox"/> Negotiation skills | <input type="checkbox"/> Effective communication skills |
| <input type="checkbox"/> Health and Safety | <input type="checkbox"/> Utilizing social media/e-strategies |
| <input type="checkbox"/> Hiring and Firing | <input type="checkbox"/> Marketing |

Please indicate the sector or sectors in which you intend to do business:

- Agriculture, Forestry, Hunting & Fishing
- Mining & Oil & Gas Extraction
- Utilities
- Construction
- Manufacturing
- Wholesale Trade
- Retail Trade
- Transportation & Warehousing
- Information & Cultural Industries
- Finance & Insurance
- Real Estate & Rental & Leasing
- Professional, Scientific and Technical Services
- Educational Services
- Health Care & Social Assistance
- Accommodation & Food Services
- Other Services

If your business is not currently in operation, what is your anticipated start date?

Why are you interested in participating in this entrepreneurship skills development program?

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If I am chosen as a participant for this program, I understand that false or misleading information in my application or review may result in my release.

Signature

Date

