

STREAM

Program Application

Today's date _____

DATE OPTIONS: Mon, Wed, Fri OR Tues, Wed, Thurs

Program Options

STREAM 1: LEAP! (Local Entrepreneurial Accelerator Program)

- 13-week business concept development
- Mondays and Wednesdays from 5pm-8pm
- Barnraiser Event at end of program to pitch your business idea to the community

STREAM 2: Business Planning Support

- 8 weeks of business planning and implementation workshops
- Monday-Friday
- Morning workshops
- Independent work time for remainder of day

STREAM 3: Job Search/Employment Support

- Flexible one-on-one or group workshops to assist in securing traditional employment
- Job Development support to assist in finding employment

Personal Information

Name _____ Date of birth _____

Do you self-identify as: Aboriginal? A person with a disability?

Address: _____

Email address (print clearly) _____

Phone numbers: Home _____ Cell _____

Eligibility Information

I am interested in (select all that apply):

Stream 1 Stream 2 Stream 3

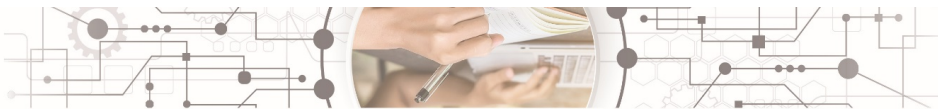
Are you currently collecting Employment Insurance (EI) benefits? Yes No

Have you collected Employment Insurance benefits in the last five years? Yes No

If yes, when did you last receive benefits? ____ Month _____ Year

Are you presently receiving social assistance? Yes No

Are you receiving any other income supports? Yes No



If yes, please explain _____

Are you legally entitled to work in Canada? Yes No

Are you currently participating in an employment program?..... Yes No

If yes, which program? _____

Have you completed High School? Yes No

If No, have you completed any post-secondary or trades training? Please explain: _____

Check all of the following that apply to you:

- | | |
|--|---|
| <input type="checkbox"/> Employed over 30 hours/week
(If so, what is your current job title? _____) | <input type="checkbox"/> Interested in becoming employed |
| <input type="checkbox"/> Employed working less than 30 hours/week | <input type="checkbox"/> In school full time |
| <input type="checkbox"/> Self-employed
Type of business: _____ | <input type="checkbox"/> In school part time |
| <input type="checkbox"/> On a temporary layoff from work (Expected return date _____) | <input type="checkbox"/> Interested in becoming self-employed |
| <input type="checkbox"/> Unemployed but have looked for work in the past four weeks | |
| <input type="checkbox"/> Unemployed and have a job to go to in the next four weeks | |
| <input type="checkbox"/> Unemployed and have not looked for work in the past four weeks | |

Participation Information

If you have any disability needs that require special consideration, please describe them. _____

If, you are applying for Stream 1: LEAP! Or Steam 2: Business Planning Support, you are required to submit:

- 1) an up-to-date résumé, CV, bio, or printed LinkedIn profile along with this application.
- 2) a 1-page presentation that describes your enterprise concept and interest in this program.

Have you attached both of these documents?..... Yes No N/A

Please describe why you want to take this program in your own words. _____

Skills Rating

In order for us to best meet your training needs, please rate your skills in the following areas. Consider how well prepared you feel for the types of businesses you are interested in.

Verbal communication	1----2----3----4----5----6----7----8----9----10 (low) (medium) (excellent)
Written communication	1----2----3----4----5----6----7----8----9----10 (low) (medium) (excellent)
Time management	1----2----3----4----5----6----7----8----9----10 (low) (medium) (excellent)
Money management	1----2----3----4----5----6----7----8----9----10 (low) (medium) (excellent)
Independent learning	1----2----3----4----5----6----7----8----9----10 (low) (medium) (excellent)

I declare that the above information is true and accurate to the best of my ability. I understand that KES will determine my eligibility for the program based on this information.

Client Signature

Date

STREAM

Selection Checklist

For staff use

Client Name _____ Interview date _____

Meets the employment status eligibility requirements Yes No

Legally entitled to work in Canada Yes No

Interested in:

Stream 1 Stream 2 Stream 3

Committed to all aspects of the program? Yes No

If no, explain _____

Needs computer tutoring prior to start?..... Yes No

Approved Denied Rationale for decision _____

Coordinator initial _____

