

**EMBERS'**  
**BUSINESS DEVELOPMENT TRAINING COURSE**  
**APPLICATION FORM**

Today's Date: \_\_\_\_\_

This form is intended for individuals interested in taking EMBERS' Build Your Own Business Self-Employment Training Program.

Please complete all questions to the best of your ability. If you would like clarification on any question, ask one of EMBERS staff to assist you or leave the question blank. We do ask that you put some effort to answer the questions; if the form is incomplete we will ask you to fully complete the application form.

In addition to this application, please attach a copy of your most recent **resume**, which should include the details of recent work, volunteer experience and your interests. If you are interested in applying for a scholarship, please request a separate form.

Please note that all information provided on this form will be held strictly **confidential** by EMBERS staff.

<p><b>GENERAL INFORMATION:</b></p> <p>First Name _____ Last Name _____</p> <p>Address _____</p> <p>Phone # _____ Alternate Phone # _____ Email _____</p> <p>How did you hear about this program? _____</p> <p>What is the name of your business idea? _____</p> <p>Please provide a brief one-sentence description of your business idea/ project.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>What is your availability? (Please circle)                      Days                      Evenings                      Both</p> <p>If you are working or have commitments, please list below the days and times you are unavailable.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---

**PERSONAL READINESS:**

1. Is your goal for completing the EMBERS training course to: (please circle one)
- a) gain general knowledge about self-employment.
  - b) write a business plan in order to launch your own business.
  - c) learn business management skills in order to grow an existing business that you own.
  - d) other (please explain):

\_\_\_\_\_

2. List and briefly describe your strengths related to entrepreneurship and business success.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Why do you want to become self employed at this time?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What are some of the skills you will need to develop your business idea (for example, computer skills, record-keeping, sales, how to price my product, etc)?	Which ones do you have now? (check)	Which ones do you need to learn? (check)
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		

5. List some of the challenges you may face in starting your own business (personal or business related).

1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_  
5) \_\_\_\_\_  
6) \_\_\_\_\_

6. Do you have any barriers (housing, mental health issues, substance abuse issues, bad credit, lack of savings, etc) that would interfere with your ability to successfully complete this course or your ability to operate a business or micro-enterprise?

---

---

---

7. Do you have any learning needs that may affect your participation in the workshops (i.e. computer skills, reading, writing, language, etc.)?

---

---

---

8. How much time per week can you dedicate to launching and operating your business?

---

---

---

9. Are you currently employed? Yes  No  If yes, is it full-time  or part-time ?

**BUSINESS SKILLS & EXPERIENCE:**

10. Have you ever written a business plan before? If yes, briefly describe.

---

---

---

11. Have you ever attended other business training classes before? If yes, briefly describe which one and when.

---

---

---

12. What do you hope to get out of EMBERS' training course?

---

---

---

---

---

13. Have you ever owned your own business or worked for a business for a long period of time?  
If yes, please provide business name and briefly describe.

---

---

---

14. Have you ever worked in the industry of your business idea? If yes, please describe.

---

---

---

15. Do you have any computer skills? Please describe what programs you are familiar with, what level of experience you have (beginner, intermediate, advanced) and any other related experiences.

---

---

---

**\*PLEASE ATTACH A RECENT COPY OF YOUR RESUME**

**BUSINESS ASSESSMENT:**

16. Why do you want to start a business? Give at least 2 reasons.

---

---

---

17. What draws you to this type of business?

---

---

---

18. If you have a business idea, please explain it in as much detail as possible:

a) What products or services will you offer?

---

---

---

b) Who will your customers be (i.e. population size, where do they live, what do they do, when do they buy, etc.)?

---

---

---

c) Who are the main competitors (include names and addresses)?

---

---

---

d) What makes your idea unique?

---

---

---

e) What will make the business successful?

---

---

---

19. What do you know about trends in the industry of your business idea (i.e. new products, developments, etc.)?

---

---

---

20. Do you need financing for your business? If yes, how do you plan on getting it?

---

---

---

21. Do you you have any bookkeeping or accounting experience?

---

---

---

- 22. Do you know what your estimated start-up costs will be? If yes, please include a copy.
- 23. Do you know what your cashflow forecasts might look like? If yes, please attach a copy.
- 24. What are some of the main steps you will take to start your business?

---

---

---

---

---

- 25. Is there any further information you feel would be relevant?

---

---

---

---

---

Please return your completed form to:

**EMBERS**  
Suite 209-124 East Pender St.  
Vancouver, BC, V6A 1T3  
Tel: 604-692-0781  
Fax: 604-692-0780  
embers@dtes.ca