

SELF-EMPLOYMENT BENEFIT WORKFORCE EXPANSION PROGRAM

Personal Information / Approval Sheet



Department of Post-Secondary
Education and Training
Employment Division

*Funded by the Government of
Canada and the Province of New
Brunswick through the Canada
New Brunswick Labour Market
Development Agreement.*

Surname	Given Name	Initial(s)	Social Insurance #	Date of Birth (yy/mm/dd)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Permanent Mailing Address		City, Town, Village	Province	Postal Code
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
				Gender (M/F)
				<input style="width: 95%;" type="text"/>

In which language do you prefer to receive correspondence? English French

Business Name: <input style="width: 95%;" type="text"/>	
Business Mailing Address	Major Activity of the Business
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Postal Address (if known)	E-Mail Address (if applicable)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Business Location (City, Town, Village)	Web Site Address (if applicable)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Permanent Phone Number	Business Phone Number	If you are not available during business hours, who may we leave a message with? Name: _____ Phone No.: _____
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Fax No.	Cellular No.	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

EDUCATION

Type of School	School Name and Location	Year Attended From	Year Attended To	Check one option for each type	Field of Study or Specialization	Diploma, Certificate or Degree Obtained
Secondary				<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
Community College				<input type="checkbox"/> Incomplete <input type="checkbox"/> Completed		
University				<input type="checkbox"/> Incomplete <input type="checkbox"/> Completed		
Private				<input type="checkbox"/> Incomplete <input type="checkbox"/> Completed		

Please indicate which of the following apply to you:

- | | |
|--|--|
| <input type="checkbox"/> Youth (between ages of 19 and 25) | <input type="checkbox"/> Social Assistance Recipient |
| <input type="checkbox"/> Currently receiving Employment Insurance | <input type="checkbox"/> Visible Minority |
| <input type="checkbox"/> Received Employment Insurance Benefits in the last 36 months | <input type="checkbox"/> Post Secondary Graduate |
| <input type="checkbox"/> Received Employment Insurance during parental leave in the last 60 months | <input type="checkbox"/> Full Time Student |

Aboriginal, please indicate any of the following: Status Non-Status Inuit Metis

Disabled, please indicate any of the following: Co-ordination Mobility Hearing Speech Other

Are you eligible for work in Canada? Yes No

Are You Unemployed? Yes No

Have you received funding under the Entrepreneur / Self Start Program in the last 5 years? Yes No

Is this a partnership? Yes No If yes, provide names of partners _____

Are you hiring employees? Yes No If yes, how many full time? _____ how many part time? _____

Are you currently a Self-Employment Benefit recipient? Yes No

EMPLOYMENT HISTORY - Give details of most recent history first

Employer Name & Address	Type of Work	Effective Dates	
		From	To

I certify that the information given by me in this application is true and complete. I hereby authorize the Department of Post-Secondary Education and Training to perform a credit review during the assessment of my application under Self-Employment Benefit. As well, I understand that the Department of Post-Secondary Education and Training or its agents, may share the information contained in this application with other government departments when conducting reviews or assessments of the program. The undersigned understands that any false information given may result in rejection of this application. Criminal charges could also follow any false statements.

Applicant's Signature

Date

Internal Use Only

SEB Status: Approved Rejected SEB Referring Agency

Comments: _____

Commencement Date of SEB

Y	M	D

Part I Entitlement Period End Date

Y	M	D

Part II Benefit Training Start Date

Y	M	D

Part II Benefit Training End Date

Y	M	D

Date _____

SEB Coordinator Signature

PET Officer's Signature