

Nova Scotia Nominee Program Business Mentor Application

The information provided in this form is collected for the purpose of managing the Nova Scotia Nominee Program. The information will be used to assess individual applications, and to research, monitor and evaluate the Nova Scotia Nominee Program under the authority of the *Immigration and Refugee Protection Act* and Regulations and other relevant Federal legislation. The personal information is collected, used, retained, disclosed, and destroyed under the authority of the Nova Scotia *Freedom of Information and Protection of Privacy Act*.

If you have any questions about the collection, use, retention, disclosure, and destruction of this information you may contact the Nova Scotia Nominee Program (NSNP) at the Nova Scotia Office of Immigration.

Please complete all questions or kindly note N/A if the question is not applicable. Please attach additional information if required.

1 BUSINESS IDENTIFICATION & CONTACT DETAILS

(not a third-party agent)

Business Name: _____ **Contact Person at Business:** _____

Street Address

City, Town or Village

Postal Code

Mailing Address (if different)

City, Town or Village

Postal Code

()

Telephone

()

Fax

Email

Website

2 DETAILS OF THE BUSINESS

Business Description

Form of Organization:

- Corporation
 Partnership
 Cooperative
 To be incorporated
 Sole proprietorship
 Other

Registration Date: _____ Incorporation Date: _____

Charter : Federal
 Provincial

Is part of your business owned by government?

Yes No

Have you received any government funding or loans in the past 3 years? Yes No

If YES, please provide details: _____

List name(s) of all direct or beneficial shareholders, and ownership (in %).

Name	%
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Complete this table for the last 3 years, beginning with the current year.

Year	Sales Revenue	Net Profit	No. of employees	Assets	Liabilities

Provide details for:

	Bank Manager	Accountant
Name	_____	_____
Email	_____	_____
Phone Number	_____	_____

Please attach additional pages if required.

<p>How well does your business operate in the industry as compared to your competition and sector specific benchmarks?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>List the main challenges you faced in establishing and managing your organizational unit, and the steps you took to meet those challenges?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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In which city/town/region of Nova Scotia does the business operate? (if more than one, list all)

For which business location is this application being made? _____

3 BUSINESS MENTOR

Provide details of the employment contract, including roles and responsibilities to be offered to the nominee candidate. (See checklist in Section 5 for items to be included in this description. You may choose to prepare this material in a separate document if preferred)

<p>Provide details of how the business mentor contribution will be used.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	Provide details of individuals employed		
		Average of last year	To be created by contribution
	full-time	_____	_____
	part-time	_____	_____
	seasonal	_____	_____

4 DECLARATION OF APPLICANT AND RELEASE OF INFORMATION

Declaration of Applicant

I declare that the information given in this application is truthful, complete and correct. I understand that any false statements or concealment of information may disqualify the company's participation in the Nova Scotia Nominee Program and require the company's full repayment of funds received from the province.

I agree to hold harmless the Province of Nova Scotia, and hereby release the Province of Nova Scotia and its agents from any liability or claims arising from the company's participation in the Nova Scotia Nominee Program.

I acknowledge that the company is required to execute an offer of a minimum six month term of employment to a candidate who has received a nominee certificate from the Province of Nova Scotia and a permanent residence visa from the Government of Canada.

I declare that the above information and responses are true, knowing that this declaration is of the same and effect as if made under oath and by virtue of the *Canada Evidence Act*.

Consent to Release of Information

For purposes of evaluating the program, and my participation in it, I consent to the Province of Nova Scotia collecting such information as is required to confirm and evaluate my participation in the Nova Scotia Nominee Program.

I authorize the Province of Nova Scotia to make enquiries of any such persons, corporations, federal and provincial agencies/departments and non-profit economic development organizations; collect and share information with them as the Province of Nova Scotia deems necessary in order to reach a decision on this application; and to administer and monitor the employment contract, and to monitor the results of the contract and project application.

I consent that if my company is approved as a business mentor under the Nova Scotia Nominee Program's economic category, my company name, address, number of employees, and the status of the business match will be released publicly for reasons relating to the administration and promotion of the program.

I understand that the collection, use, sharing, retention and destruction of all documentation and information provided pursuant to my application is subject to the *Freedom of Information and Protection of Privacy Act*.

I consent to have information about my company shared with nominees, such as contact information, job description, and executive summary.

Please print clearly

Name of Business Owner/Manager (full name – family name, given name(s))

Title of Business Owner/Manager

Signature

Date (dd/mm/year)

5 APPLICATION CHECKLIST

Please ensure that you have included all of the required documents and attachments.

1. Complete the **Nova Scotia Nominee Program (NSNP)** application form. Refer to the following list to ensure that **all** questions are answered, and that **all** supporting documentation (relating to incorporation, share capital, etc.) is included and signed by an officer of the company (not a third-party agent).

- ORIGINAL completed application form
- A business summary and position description that can be **shared with Nominees electronically**. This summary should include the following items:
 - An organizational chart for your business, clearly indicating the position of employment offered to the nominee.
 - A job or position description outlining the following items related to the job to be filled by the nominee:
 - Roles & responsibilities; Qualifications; Core competencies; Education required;
 - Experience required; Potential for employment after 6-month contract.
 - A brief outline defining the incremental activity (new service, product, business line) in the project proposal including how the business mentor contribution will be used, how it will be spent, and the nominee's role in the incremental activity.
 - A current business plan or outline including the business' history and description and its goals and targets.
 - A brief description explaining why the nominee should work in your business and what mentoring supports will be provided.
- Financial statements for the last three years.
- Letter from your financial institution stating you are in good standing. (A sample can be found in section 6.)
- Incorporation certificate and Certificate of Good Standing.
- Photographs of the business location (outside and inside) and the main operating location or head office.
- Electronic version of your company brochure (if available)

As we require original signatures, please submit by mail the completed form and accompanying documents to:

Business Mentor Program
Nova Scotia Nominee Program (NSNP)
Nova Scotia Office of Immigration
PO Box 1535
Halifax, NS B3J 2Y3
Email: nsnp@gov.ns.ca

When preparing your application package:

- Do NOT bind you application or put the pages in a ring binder**
- Do NOT enclose individual pages in plastic, envelopes or folders
- Do NOT tie, sew, bolt, or glue pages together
- Do NOT use multiple staples on a page
- Do NOT sent multiple copies of identical documents
- Do NOT sent double sided photocopies

Please also email a copy of your business summary materials to nsnp@gov.ns.ca. Mark subject line: "Business Mentor Application".

If you have any questions, please contact the Office of Immigration at (902) 424-5230 or Toll Free at 1-877-292-9597 or by email at nsnp@gov.ns.ca.

If documents are missing or are not clear, your application may be returned or not assessed.

6 SAMPLE BANK LETTER

Date

Business Mentor Approval Committee
Nova Scotia Office of Immigration
PO Box 1535
Halifax, NS B3J 2Y3

Dear Committee Members,

Re: Nova Scotia Nominee Program

I am pleased to confirm that Client Name has maintained their account at our bank since Insert Date. During this period all dealings with the company have been with integrity and professionalism. I am further pleased to confirm that the company is not in default on any commitment or undertaking with respect to the Bank, and all of their accounts are operating to our complete satisfaction.

I would be pleased to provide further information and confirmation upon your request.

Yours sincerely,

Bank or account manager