



SELF-EMPLOYMENT BENEFIT WORKFORCE EXPANSION PROGRAM

Personal Information / Approval Sheet

*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	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 or Certificate
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:

Social Assistance Recipient Currently receiving Employment Insurance Received Employment Insurance Benefits in the last 36 months Received Employment Insurance during parental/maternal leave in the last 60 months	Visible Minority Post Secondary Graduate Full Time Student
---	--

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

Disabled, please indicate any of the following Mobility Hearing Vision Other _____

