

STUDENT ENTREPRENEURSHIP COMPONENT

New Brunswick
Brunswick

Department of Post-Secondary Education, Training and Labour

Student Employment and Experience Development Program (SEED) Personal Information Sheet

For Office Use Only

Application ID

FORM A

Note: A separate personal information sheet must be completed by each partner

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

 Title First Middle Last

 Date of Birth (yy/mm/dd) Gender (M/F) Social Insurance # Permanent Phone Number

 Alternate Phone No. Business Phone Number Cellular No. Fax No.

 E-mail Address (if applicable) Web Site Address (if applicable)

 Permanent Mailing Address

 City, Town, Village

 Province

 Postal Code

 Name of Proposed Business

Note: If the business name is different from your name, you may be required to register with the Department of Justice

 Major Activity of the Business

 Postal Address (if known)

 Business Location (City, Town, Village)

EDUCATION

Type of School	School Name and Location	Year Attended From	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"/> Some <input type="checkbox"/> Completed		
University				<input type="checkbox"/> Some <input type="checkbox"/> Completed		
Private				<input type="checkbox"/> Some <input type="checkbox"/> Completed		

 Amount of Loan Required \$ Date Loan Required YY MM DD Expected Start Up Date

As this program is delivered through the Royal Bank and the Caisse Populaire Acadienne, please indicate which one you wish to deal with:

 Royal Address Phone
 Caisse populaire

Please indicate which of the following apply to you:

- Social Assistance Recipient
- Full Time Student
- Currently Receiving Employment Insurance
- Received Employment Insurance Benefits in the last 36 months
- Visible Minority
- Youth (between ages of 16 and 24)
- Between the ages of 25 and 29

Aboriginal, please indicate any of the following: Status Non-Status Inuit Metis International
 Disabled, please indicate any of the following: Co-ordination Mobility Hearing Speech Sight Other

Will this business operate as a partnership: Yes No

If Yes, indicate partners names: 1. _____ 2. _____ 3. _____

NOTE: A SEPARATE INFORMATION SHEET MUST BE COMPLETED BY EACH PARTNER.

Are you or will you be working at another full-time job during the summer? Yes No

If Yes, how many hours per week: _____

Are you planning to hire employees? Yes No

If Yes, how many: _____

Have you received a Student Venture or a Student Entrepreneurship component loan before? Yes No

If Yes, please indicate what year _____

Are you returning to full-time studies in the fall? Yes No

If Yes, where? _____

Have you established residency in N.B.? Yes No

Will your business operate in N.B.? Yes No

EMPLOYMENT HISTORY - Give details of most recent history first

Employer Name & Address	Type of Work	Effective Dates	
		From	To

REFERENCES - Give names, addresses, telephone numbers of two people not related to you that we may contact.

Surname	Given Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address		
<input type="text"/>		

Surname	Given Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address		
<input type="text"/>		

I certify that the information given by me in this application is true and complete. I hereby authorize the Department of Post-Secondary Education, Training and Labour to perform a credit review during the assessment of my application under the Student Entrepreneurship component of the Student Employment and Experience Development Program (SEED).

_____ Applicant's Signature

_____ Date