



EMBERS' BUILD-A-BUSINESS (BAB) COURSE APPLICATION FORM

Today's Date: _____ Session Date _____

This form is intended for individuals interested in enrolling in EMBERS' Build-A-Business (BAB) program.

Please complete all questions to the best of your ability. If you would like clarification on any question 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 submit the completed form with your BAB application form

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

GENERAL INFORMATION:

First Name _____ Last Name _____

Address _____

Birthdate _____

Phone # _____ Alternate Phone # _____

Email _____

How did you hear about this program? _____



SELF EMPLOYMENT READINESS

BUSINESS CONCEPT:

1. Describe your primary product or service

2. Why have you chosen this product or service?

3. What experience, skills and credentials do you have that are connected to your product/service?

4. What is unique about your product / service

5. Who is your ideal customer?

6. Who are the main competitors and if possible list them

7. How is your service or product different from the competition?

8. How do you intend to reach or market to your customers?

9. How many potential customers have you surveyed and what did you learn?

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



Self- Employment Readiness:

11. Why do you want to become self-employed and or start a business?

12. What is your goal for completing the EMBERS training course to: (Circle the letters that apply)

- . 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): _____
-

13. Are you currently employed? Yes No

If yes:

- a) Where are you currently employed and what is your primary role

- b) How many hours per week? _____
- c) What is your typical work schedule?

14. How much time per week are you able to dedicate to launching and operating your business?

15. Of the topics listed below, check the appropriate box indicating which of these areas you have developed and which ones you need to learn.

	Which ones do you have now? (check)	Which ones do you need to learn? (check)
1) Business Skills		
2) Marketing your Business		
3) Finances – Cash flow		
4) Researching your Business		
5))perating your Business		

16.. Computer skills: Indicate your level of experience:

Beginner, Intermediate, Expert

Word	
Excel	

17. List any challenges you may face in starting your own business (personal or business related: e.g. bad credit, health issues, substance abuse issues, lack of time, personal commitments, lack of access to financial resources).

18. Do you have any barriers (housing, mental health issues, substance abuse issues, time, transportation, family responsibilities etc) that would interfere with your ability to successfully complete this course?

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

BUSINESS SKILLS & EXPERIENCE:

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

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

22. Have you ever owned your own business? If yes, please briefly describe.

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

24. What are some of the steps you have taken to start your business?

Finances:

25. What are your estimated start-up costs?

26. Do you need financing for your business? Yes or No

If yes, where do you plan on obtaining it?

27. Do you have an idea of what your sales and revenue will be in the first 12 months

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

Please return your completed form to:

EMBERS

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