



Grow A Business Program - Application Form

This form is intended for individuals interested in participating in our Grow A Business program. Please complete all questions to the best of your ability. This is a 1-on-1 6-month action oriented program designed to help grow your business.

General Information

Today's date:

First Name:

Last Name:

Address:

Phone:

Alt Phone:

Email:

Website:

How did you hear about this program?:

Have you previously worked with EMBERS or taken one of our other business training programs (e.g. Build A Business or CA\$H Plan)?:

Tell us about yourself and your current situation:

Business Information

Name of your business:

Is your business currently in operation? Y N If so, for how long?

Do you work on your business full-time? Y N How many hours per week?

How many employees do you have?

What type of business do you have (sole proprietorship, partnership, ltd)?

Describe your business:

How can we help you?

What is holding you back from growing your business?

What area(s) of your business do you think need the most support?

After 6 months what would you like to have accomplished?

How many hours per week can you dedicate to Growing your Business? (Be realistic!)

PLEASE RETURN COMPLETED FORMS TO EMBERS VIA EMAIL

info@embersvancouver.com

T: 604.692.0781 F: 604.692.0780

310-111 West Hastings Street - Vancouver, BC, V6B 1H4