



# NunatuKavut Business Centre

Growing NunatuKavut business, one entrepreneur at a time.

## SELF EMPLOYMENT ASSISTANCE APPLICATION

*The Self Employment Assistance (SEA) Program provides income support for NunatuKavut Community Council members who are starting up new businesses. It allows participants to concentrate on making their business succeed by providing them with support while they develop and implement their business plans.*

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ SIN: \_\_\_\_\_

\_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Membership Number: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Alt. Telephone#: \_\_\_\_\_

### BUSINESS INFORMATION

Why did you choose this type of business?  
 \_\_\_\_\_  
 \_\_\_\_\_

Is your business registered? Yes \_\_\_\_ No \_\_\_\_ If yes, when? \_\_\_\_\_

Are you currently active in the business or any other business venture? Yes \_\_\_\_ No \_\_\_\_ If yes, explain:  
 \_\_\_\_\_

### ELIGIBILITY

Legally entitled to work in Canada \_\_\_\_\_ Started Business < 6 months \_\_\_\_\_

Member of NunatuKavut Community Council \_\_\_\_\_ Working full-time towards starting business \_\_\_\_\_

### FINANCIAL INFORMATION

*Within your budget, estimate your monthly expenses during your business start-up period. Give the dollar amount for each.*

Description	Amount	Description	Amount
Rent		Personal Items	
Clothes		Transportation	
Groceries		Other	
Social Life		Other	
Credit Cards		Other	
Personal Items		Other	
Transportation		<b>Total Monthly Budget</b>	

Will you be receiving any additional financial support while starting up your business? If yes, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you applied to the NunatuKavut Community Council in the past? If yes, what year? What was the program?  
 \_\_\_\_\_

Have you applied to Service Canada? If yes, what year? What was the program?

**EMPLOYMENT INSURANCE INFORMATION**

Are you presently employed? Yes \_\_\_ No \_\_\_ If yes, Employer's name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours/week: \_\_\_\_\_

Are you receiving EI benefits: Yes \_\_\_ No \_\_\_ When did you apply? \_\_\_\_\_

Start Date of Claim: \_\_\_\_\_ Claim Expiry Date: \_\_\_\_\_

Please include your weekly gross amount of EI benefits on current claim: \_\_\_\_\_/Week

If no, have you received EI benefits in the last 3 years: Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Have you received EI maternity/paternity benefits in last 5 years: Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

**OTHER SOURCES OF INCOME**

Are you currently on Income Support/ Worker's Compensation or any other type of assistance?

Yes \_\_\_ No \_\_\_ If yes, Type of Assistance: \_\_\_\_\_ Amount Received: \_\_\_\_\_

**CHECKLIST**

**PLEASE CHECK AND ATTACH THE FOLLOWING**

**OFFICE USE ONLY**

Proof of Membership \_\_\_\_\_  
Summary of Business Concept/Business Plan \_\_\_\_\_  
Initial Contact Form \_\_\_\_\_  
Client Confidentiality Agreement \_\_\_\_\_  
ARMS Consent Form \_\_\_\_\_

Verified \_\_\_\_\_  
Verified \_\_\_\_\_  
Verified \_\_\_\_\_  
Verified \_\_\_\_\_  
Verified \_\_\_\_\_

**CONSENT**

I am aware that the NunatuKavut Community Council/NunatuKavut Business Centre will share this information with Service Canada, and / or the Department of Advanced Education and Skills. I consent to this disclosure for the purposes of eligibility, entitlement, progress and results.

By signing your name below you are stating that the information provided is true. You also are providing the NunatuKavut Community Council/NunatuKavut Business Centre the liberty to validate all information with the objective to make the best possible decision regarding your request

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_

BA SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**The NunatuKavut Business Centre mandate is to foster employment through entrepreneurship and to encourage NunatuKavut members to start their own businesses. If you require assistance completing this application, contact one of our offices at: 709.896.5722 ext. 205 or toll free 1866.446.5035. 709.938.7621 or toll free 1844.938.7621**

**Please return this application to to the NunatuKavut Business Centre:**

**MAIL**

**SCAN AND EMAIL**

**FACSIMILE**

P.O. Box 418, Station C,  
Happy Valley - Goose Bay, NL, A0P 1C0

businesscentre@nunacor.com

709.896.5739

**NUNACOR OFFICE USE ONLY**

DATE APPLICATION RECIEVED: \_\_\_\_\_

IS THIS APPLICATION COMPLETE?      Yes \_\_\_\_ No \_\_\_\_

WHAT FUNDING PROGRAMIS THIS?      NCC EI \_\_\_\_ NCC CRF \_\_\_\_

**IF INCOMPLETE, ITEMS MISSING:**

Proof of Membership	_____	Date Received: _____
Summary of Business Concept/Business Plan	_____	Date Received: _____
Initial Contact Form	_____	Date Received: _____
Client Confidentiality Agreement	_____	Date Received: _____
ARMS Consent Form	_____	Date Received: _____

BUSINESS ADVISOR SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

CEO SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_