



Please complete the following information and submit your completed application to the East Central Ontario Training Board via fax: 613-969-0719, in person or by mail to 11 Bay Bridge Rd., Belleville, ON (*in the Ramada Inn*).

All information is confidential and for use by BYOB staff only.

Build Your Own Business Application

Applicant Information:

Name: _____
 Address: _____
 City: _____ Postal Code: _____
 Telephone: _____ Email: _____
 Age: _____ Gender: **Male / Female**

Are you currently in school full time?	Yes	No
Will you be attending school full time in the next year?	Yes	No
Are you currently employed full-time?	Yes	No
Are you currently employed part-time?	Yes	No

Have you previously received, or currently receiving, any type of business loan, grant or investment from a government program? **No** **Yes**

If yes, what year? _____

What was the name of the program? - _____

Which government ministry? _____

Business Information:

Is this your first time starting your own business	Yes	No
Have you completed a business plan for your business idea?	Yes	No
Are you currently operating your own business?	Yes	No

If Yes, what is the nature of your business? _____

Do you plan to work part time while setting up your business?	Yes	No
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In what areas do you feel you would like assistance, training or support?

- | | |
|---|--|
| <input type="checkbox"/> Development of Business Plan | <input type="checkbox"/> Markets and Marketing |
| <input type="checkbox"/> Sales & Advertising | <input type="checkbox"/> Finance and Accounting |
| <input type="checkbox"/> Operations and Administration | <input type="checkbox"/> Legal Issues |

Tell us about your availability for meetings or training sessions. Please circle best times of availability:

Weekdays	Morning	Afternoon	Evening
Monday - Friday	9:00 am – 12:00 pm	1:00 pm – 5:00 pm	6:00 pm – 8:30 pm
Weekends	Morning	Afternoon	Evening
	9:00 am – 12:00 pm	1:00 pm – 5:00 pm	6:00 pm – 8:30 pm
Provide any additional notes about your availability:			

Please provide a brief description of your business or business idea:

Emergency Contact Information:

Name: _____

Relation to you: _____

Telephone #: Home: _____ Work: _____

Please provide 2 business or employment references (not family members or friends)

Name: _____

Contact: _____

Name: _____

Contact: _____

Signature

I certify that the information given by me in this application is true and complete. In connection with my application to "Build Your Own Business", I consent to the East Central Ontario Training Board conducting a verbal or written credit review. I understand that any false information given in connection with this application may result in non-approval of this application and, in the case of funds received from the program, an immediate demand for repayment of funds received.

Applicant's signature: _____ Date: _____