

MY START-UP: PARTICIPANT REGISTRATION FORM

SECTION A: APPLICANT INFORMATION						
Program Start Date	Cohort 1 (Fall/Winter 2018)		Cohort 2 (Fall/Winter 2019)		Cohort 3 (Fall/Winter 2020)	
Applicant Full Name						
Contact Number	Home			Mobile		
Address	Street: Apt: City: Postal Code:					
Email						
Emergency Contact	Name: Contact Number: Relationship: Spouse/Partner Family Member Friend Support Professional					
Date of Birth (dd/mm/yyyy)				<19	19-29	30-39
				40-49	>50	
Employment Status	Employed (FT) Unemployed	Employed (PT) Retired	Self Employed	Volunteer	Student	
Source of Income	Employment	Ontario Works	ODSP	Family/Partner	No income	
	Other Source(s):					
Educational History	> Highschool	Highschool	College	University	Some Post-Secondary	
Immigration Status	Canadian Citizen	Permanent Resident	Refugee Claimant			
	Other (please explain):					
Do you have a valid S.I.N number?	YES	NO				
Referral Source	Elizabeth Fry Counsellor Organization:	Program Flyer	Website/Social Media	Family/Friend		
	Other:					
SECTION C: BUSINESS OVERVIEW						
Tell us about your business or business idea. Please provide as much detail as possible regarding your business.						
Do you have access to a computer?	YES	NO				
Business Status	New Business	Existing Business				

Industry Sector	Hospitality Trades Other:	Technology Retail	Health and Social Services Culinary	Business Administration Social Enterprise
Business Idea				
What would be your product or service?				
Who will be your customers?				
Where would your business be located?	Online (virtual business) Other (please explain):	In home	Storefront	
Are you interested in applying for Rise business loan?	YES	NO	Unsure	
What do you want to learn from this program?	Startup - General Info Marketing	Business Planning Market Research	Financials/Accounting Customer Service	Work/Life Balance
Why have you not started a business?	Confidence/ Fear Other (please explain):	Lack of Knowledge	Financial Limitations	
Are you interested in participating in additional training if available?	YES	NO	Unsure	
<p>Do you self-identify as a member of a designated group(s)? We will be sharing this information with our funder, for the purpose of assessing and evaluating the effectiveness of our programs and services. Check all that apply.</p> <p>Aboriginal (includes Non-Status or Status, Metis or Inuit)</p> <p>Low Income/ on Social Assistance (Low income means an individual who earns less than \$20,778 per year or \$41,198 per year)</p> <p>Person with a Disability (physical disability, mental impairment, developmental disability or learning disability)</p> <p>Newcomer (means individuals who have resided in Canada for less than five years)</p> <p>Racialized</p> <p>Involved with the Justice System (means a history with the criminal justice system)</p> <p>Homeless or under-housed</p> <p>Woman who has experienced violence</p>				
Additional Information you would like to share.				