



Referral Form – SELF-EMPLOYMENT

Applicant Information

Full Name: _____
Last First M.I.

Source of Income: PWD PPMB IA CPPD Savings Spouse/Family
 WCB Benefits Insurance Benefits ICBC Employment

Phone: _____ Email: _____

Case Manager Information

Name: _____ Agency: _____

Address: _____

Phone: _____ Email: _____

Self-Employment Program/Training Information

School: _____ Course: _____

From: _____ To: _____ No. of Months _____ First payment due _____

Cost Share (If Applicable)

Is this a Cost Share? YES NO
 Cost Share Amount _____ Cost Share Partner _____

Participant Consent to Release and Obtain Information

I declare that the information given in this application, for the purpose of participation in employment skills training is true to the best of my knowledge. I further authorize Service Canada and BC Centre for Ability to confirm the attached information by contacting any of the individuals or organizations listed in my application. I also hereby authorize the BC Centre for Ability to release and obtain information regarding myself to/from the following:

Agency Name: _____

Training Institution Name: _____

Participant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Name of Witness: _____

*Please note: This information will be used for the purpose of vocational planning and evaluation of requests for funding. All information shared will be kept confidential except where consent has been granted in writing to exchange with third parties.

*This consent is valid until completion of services with BC Centre for Ability, or until consent is revoked in writing by either party



Case Manager Rationale – SELF-EMPLOYMENT

Case Manager Information

Case Manager Name: _____ Agency: _____

Phone: _____ Email _____

Applicant Name: _____

Rationale

1. Why is the applicant not currently successful in finding work with pre-existing skills? What are the applicant's labour market barriers?
2. What were the applicant's previous employment interventions? (e.g. job club, career exploration, training sponsorships, etc.)
3. What is the applicant's target occupation?
4. List the return-to-work actions steps (i.e. proposed training and job search support to achieve target occupation) or attach return-to-work action plan:
5. What is the client's disability and what accommodations would the client need from the training institution?
6. Are there any potential challenges in completing the training? (e.g. medical interventions, court cases, extended travel plans, or other commitments)



Financial Information – SELF-EMPLOYMENT

Case Manager Information

Case Manager Name: _____ Agency: _____
 Phone: _____ Email: _____

Applicant Name: _____

Section 1: Financial Resources

Indicate any significant resources you already have that will be of assistance to you in the start-up and ongoing operation of your business as well as what you think you will need (please indicate amount in dollars).

Item	Will Need	Already Have
Cash/Savings		
Other sources of capital		
Other related assets: include any inventory, books, professional membership(s), training courses, computers, etc.		
Equipment or tools (include description and quantity)		
Space/real estate: Item(s) and % used for business (for home-based business, estimate the portion of your living space that will be allocated to your business and place an annual value on it)		
Other investments and financial information		
TOTAL:		

Section 2: Income

Indicate any income that you receive and/or are expecting to receive in your household as well as your monthly basic living costs (please indicate amount in dollars):

Part 1 – Monthly Income	SELF	OTHER
Employment Income		
EI Benefits		
Income/Social Assistance		
Alimony/Child Support		
Self-Employment		
Pension Income (e.g. employer plan)		
Disability Income		
Worker Compensation Benefit (WCB)		
Canada Pension Plan (CPP)		
Child Tax Benefits		
Income from Rental Properties		
Severance Pay		
Investment income		
Any other sources of income not listed above		
SUB-TOTAL		
Part 2 – Other Anticipated Sources of Funding		
Savings		
Family/Parent/Guardian		
Any other sources of income not listed above		
SUB-TOTAL		
TOTAL:		

Section 3: Expenses

Indicate any income that you receive and/or are expecting to receive in your household as well as your monthly basic living costs (please indicate amount in dollars):

Part 3 – Monthly Expenses	OTHER
Rent/Mortgage/Room & Board	
Property Taxes	
Utilities	
Telephone	

Food	
Transportation	
Child Care (after subsidy)	
Insurance (car, life, house)	
Clothing	
Entertainment	
Credit Card/Loan Payments	
Alimony/Child Support	
Expense for disability needs (special device, cost of interpretation or transcript of text into braille, etc.)	
Any other expenses not listed above	
TOTAL:	

Section 4: Business Registration

1. Has your business name already been registered? **Yes** **No** If yes, when?

2. Are you currently active in this business or any other business venture? **Yes** **No** If yes, briefly explain.

Section 5: Evidence of Personal Investment

Under the Opportunities Fund Self-Employment Program, the eligible participant should provide evidence of a personal investment. This personal investment is over and above the financial assistance and additional costs. The following examples could be considered as proof of equity:

- A bank statement showing at least the minimum investment for the proposed venture
- Evidence of a loan or line of credit
- Proof of ownership of equipment or materials that will assist you in your business

Section 6: Financial Support Requested

Financial support may be provided to cover all or part of the incremental costs of participation in the Opportunities Fund Self-Employment Program (reimbursements are based on actual costs. Receipts can be requested to confirm costs)	Amount of Client Contribution	Amount of funding requested from BC Centre for Ability
Costs for entrepreneurial instruction		
Dependent Care (supervision for children under the age of 14)		
Disability needs		
Transportation		

Other personal supports (e.g. safety equipment, footwear, uniforms, etc.)		
Living expenses (i.e. difference between Section 3 Expenses, and Section 2 Income)		
Any other requests not listed above		
TOTAL		

Section 7: Amounts Owing to the Government of Canada

Declaration of amounts owing in default to the Government of Canada:

Do you, the applicant owe any amounts that are in default to the Government of Canada? **Yes** **No**

If "yes," please complete the following chart:

Amount in Default Owing to the Government of Canada	Nature of the Amount in Default Owing (Taxes, Penalties, Overpayments, etc.)	Name of Government Department or Agency to which the Default Amount is Owed

Do you, the applicant, owe any amounts that are in default to the BC Centre for Ability or any other agency that has provided training or wage subsidy funding? **Yes** **No**

If "yes," please complete the following chart:

Amount in Default	Nature of the Amount in Default Owing (Overpayments, etc.)	Name of Agency to which the Amount is Owed

Section 8: Declaration

I declare that:

1. I have read and understood the information provided in this application package.
2. The information I have provided to Service Canada in this application and supporting documentation is true, accurate and complete in every respect.
3. If the information described is false or misleading, I may be required to repay some or all of the financial assistance that may be approved by the BC Centre for Ability.
4. The information provided, with respect to amounts owing in default to the Government of Canada, is true and accurate. I recognize that amounts payable to me under any future contribution agreement may be deducted from, or set-off against, any such amounts owing to the Government of Canada.

I authorize:

1. The Service Canada project officer to disclose all information contained in this application concerning an amount in default owing to the government institution listed in Section G to the institution concerned for the purpose of verifying the amount and status of debt, and
2. The government institution listed in Section 7 to disclose to the Minister all particulars and information relevant to the debt solely for the purposes of the administration of my application in connection with my declaration as to amounts owing to the federal government that are in default.

Name of Applicant _____

Signature of Applicant _____

Date: _____

Assessment Questionnaire – SELF-EMPLOYMENT

Case Manager Information

Case Manager Name: _____ Agency: _____

Phone: _____ Email _____

Applicant Name: _____

Section 9: Your Business Venture

1. Briefly describe your self-employment/business idea:
2. Will your business be in partnership, a sole proprietorship or will you incorporate?
3. Where and when do you plan to launch your business?
4. What is unique and special about your business?
5. Why will your business be successful?
6. Have you spoken to other people in this type of business about their experience, challenges and successes? If so, what were their responses?

Section 10: The Market/Customers

1. Please explain who needs your service or product and why?
2. Who is your target customer?
3. What is the size of the market you wish to sell to?
4. What would make a customer want to choose your product or service over other choices available?
5. Have you interviewed potential customers? What has been the response?

Section 11: The Competition

1. Who are your competitors? Please list examples.
2. How will your business be better than theirs?
3. What is similar and what is different about your business?

4. Have you identified the competition's strengths and weaknesses? Please explain.
5. What have you learned from your competitors?

Section 12: Your Business Experience

1. Do you have previous management, business education or experience? If so, please explain.
2. Have you considered working for someone who owns the kind of business you are interested in? What makes working for yourself the better option?
3. What challenges and weaknesses will you have to overcome to make this business a success?
4. What is your back-up plan if your business is not successful? Please explain.

Section 13: The Entrepreneurial Personality

1. Do you like starting new and challenging activities? Please give examples.
2. Do you usually stick to your plans even if others discourage you? Please give examples.
3. Do you prefer to take a leading role in most situations? Please explain.
4. How do you solve problems?
5. Do you enjoy sales?

Section 14: Informational Interviews

Informational Interview

Occupation _____ Phone _____
Contact Name _____ Date Contacted _____
Business Name _____

1. What made you go into business for yourself?
2. What was hard about it?
3. What was surprising about it?
4. What do you really enjoy about having your own business?
5. What skills are needed to successfully operate a business?
6. What advice would you give to a person wanting to start their own business?

Client Name: _____

BC Centre for Ability Opportunities Fund Program

Monthly Budget Worksheet

NET MONTHLY INCOME			MONTHLY EXPENSES WHILE IN TRAINING ONLY ** PROOF OF EXPENSES MAY BE REQUIRED	
	APPLICANT (A)	SPOUSE/OTHER (B)		
EMPLOYMENT INCOME	\$	\$	RENT/MORTGAGE	\$
EMPLOYMENT INSURANCE BENEFITS	\$	\$	UTILITIES (GAS, HYDRO, PHONE)	\$
BC BENEFITS (CIRCLE APPLICABLE) – IA, PPMB, PWD	\$	\$	TRANSPORTATION (BUS PASS OR EQUIVALENT ONLY)	\$
ALIMONY/CHILD SUPPORT	\$	\$	FOOD	\$
CHILD SUBSIDY/BC BENEFITS	\$	\$	CHILDCARE COSTS	\$
SELF-EMPLOYMENT INCOME	\$	\$	MEDICAL, DENTAL (SPECIFY)	\$
CHILD TAX BENEFITS	\$	\$	Other	\$
PENSION/RETIREMENT INCOME (CIRCLE APPLICABLE) – CPP, DISABILITY, ICBC, WCB	\$	\$	EXPENSES WHICH CANNOT BE REIMBURSED BY THE OPPORTUNITIES FUND	
GRANTS, HRSDC ALLOWANCES	\$	\$	PROPERTY TAXES	\$
ROOM, BOARD, SUITE RENTAL	\$	\$	CREDIT CARD PAYMENTS	\$
TRUST FUNDS, INVESTMENT INCOME	\$	\$	MISCELLANEOUS EXPENSES (CLOTHING, HAIRCUTS ETC.)	\$
SUBTOTAL	\$	\$	LIFE/HOME INSURANCE	\$
TOTAL MONTHLY INCOME (A+B)	\$		TOTAL EXPENSES (ONLY INCLUDE EXPENSES COVERED BY THE OPPORTUNITIES FUND)	\$
SOURCE OF YOUR FINANCIAL CONTRIBUTION			TRAINING COSTS	
SCHOOL SCHOLARSHIPS/ BURSARIES/GRANTS	\$		TUITION	\$
SAVINGS	\$		REGISTRATION/STUDENT FEES	\$
INVESTMENT INCOME	\$		BOOKS/SUPPLIES	\$
RRSP	\$		EXAM FEES	\$
PARENTS/RELATIVES	\$		TOOLS/UNIFORMS/ EQUIPMENT	\$
OTHER (SPECIFY)	\$		OTHER (SPECIFY)	\$
TOTAL OF YOUR FINANCIAL CONTRIBUTION	\$		TOTAL PROGRAM COSTS	\$
TOTAL OF YOUR FINANCIAL CONTRIBUTION \$ _____			TOTAL TRAINING COSTS \$ _____	

I declare the above information is true. Penalties and or termination of sponsorship can result from knowingly providing false information

Name: _____ Signature: _____ Date: _____