# STUDENT ENTREPRENEURSHIP COMPONENT

**Student Employment and Experience
Development Program (SEED)
Personal Information Sheet**

Note: A separate personal information sheet must be completed by each partner.

**(Formulaire disponible en français)**

New Brunswick / Nouveau-Brunswick

Post-Secondary Education,
Training and Labour

For Office Use Only

_____
Application ID

**FORM A**

In which language do you prefer to receive correspondence?  ☐ English  ☐ French

| Title | First | Middle | Last |
|---|---|---|---|
| | | | |

Date of Birth (yy/mm/dd)  Gender (M/F)  Social Insurance #  Permanent Phone Number

Alternate Phone Number  Business Phone Number  Cellular No.  Fax No.

E-mail Address (if applicable)

Web Site Address (if applicable)

Permanent Mailing Address

City, Town, Village

Province

Postal Code

Name of Proposed Business:

Note:  If the business name is different from your name, you may be required to register with the Department of Justive.

Major Activity of the Business

Postal Address (if known)

Business Location (City, Town, Village)

## EDUCATION

| Type of School | School Name and Location | Year Attended From | To | Check one option for each type | Field of Study or Specialization | Diploma, Certificate or Degree Obtained |
|---|---|---|---|---|---|---|
| Secondary | | | | ☐ 9 ☐ 10 ☐ 11 ☐ 12 | | |
| Community College | | | | ☐ Some ☐ Completed | | |
| University | | | | ☐ Some ☐ Completed | | |
| Private | | | | ☐ Some ☐ Completed | | |

Amount of Loan Required
$

Date Loan Required
YY  MM  DD

Expected Start Up Date

As this program is delivered through the Royal Bank and the Caisse Populaire Acadienne,
please indicate which one you wish to deal with:

Royal ☐
Cassie populaire ☐

Address

Phone

Please indicate which of the following apply to you:

☐ Social Assistance Recipient                            ☐ Visible Minority
☐ Full Time Student                                        ☐ Youth (between ages of 16 and 24)
☐ Currently receiving Employment Insurance       ☐ Between the ages of 25 and 29
☐ Received Employment Insurance Benefits in the last 36 months

Aboriginal, please indicate any of the following: ☐ Status       ☐ Non-Status ☐ Inuit     ☐ Metis ☐ International
Disabled, please indicate any of the following:    ☐ Co-ordination ☐ Mobility    ☐ Hearing ☐ Speech ☐ Sight ☐ Other

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Will this business operate as a partnership?    ☐ Yes    ☐ No

If yes, please indicate partners name: 1._____    2._____    3._____

**NOTE:  A SEPARATE INFORMATION SHEET MUST BE COMPLETED BY EACH PARTNER.**

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Are you or will you be working at another full-time job during the summer?    ☐ Yes    ☐ No

If yes, how many hours per week?_____

Are you planning to hire employees?    ☐ Yes    ☐ No

If yes, how many?_____

Have you received a Student Venture or a Student Entrepreneurship component loan before?    ☐ Yes    ☐ No

If yes, please indicate what year?_____

Are you returning to full-time studies in the fall?    ☐ Yes    ☐ No

If yes, where?_____

Have you established residency in NB?    ☐ Yes    ☐ No

Will your business operate in NB?    ☐ Yes    ☐ No

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**EMPLOYMENT HISTORY** - give details of most recent history first

| Employer Name & Address | Type of Work | Effective Dates | |
| --- | --- | --- | --- |
| | | From | To |
| | | | |

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**REFERENCES**- give names, addresses, telephone numbers of two people not related to you that we may contact

| Surname | Given Name | Phone Number |
| --- | --- | --- |
| | | |

Mailing Address

| Surname | Given Name | Phone Number |
| --- | --- | --- |
| | | |

Mailing Address

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I certify that the information given by me in this application is true and complete. I hereby authorize the Department of Post-Secondary Education, Training and Labour to perform a credit review during the assessment of my application under the Student Entrepreneurship component of the Student Employment and Experience Development Program(SEED)

_____         _____
          Applicant's Signature                                    Date