

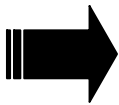


## SEP self Assessment Form

The following information must be completed and brought to your **FIRST APPOINTMENT** with the SEP Business Advisor.

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Email \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

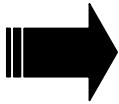
Bring to **Market Research Workshop:**



- Return to Work Action Plan from your local Employment Development Office
- Handout Market Research **Pre-read**



Bring to the **First Appointment** with the SEP Business Advisor



- Your personal Resume detailing your education and work history
- A copy of your vehicle registration for the vehicle you will be using in the business
- Proof of certificates, degrees, diplomas and certifications, licenses, etc
- This form **COMPLETED**



### Section 1 - Self Employment as an Option

A) Why are you interested in being self employed? (**Number in order of priority**)

- To be my own boss
- To be independent
- To work irregular hours
- To work at home
- To work closer to home
- To work in an area I enjoy
- To fulfill a dream of having my own business
- Other \_\_\_\_\_
- Other \_\_\_\_\_

- To run a family business
- To continue to care for my family while I work
- Because the lack of employment opportunities
- To earn a better income
- To get off employment insurance
- To get off income assistance
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B) Have you ever owned your own business?

- No  Yes If yes, when? \_\_\_\_\_ and for how long? \_\_\_\_\_  
 \_\_\_\_\_

Please describe what you did?

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C) Has Human Resources Skills Development Canada (*HRSDC*) ever assisted you with training or other program funding in the past other than standard or medical EI benefits?

No  Yes If yes, when? \_\_\_\_\_

Describe the program and/or the funding support you received from HRSDC.

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## Section 2 - Job Search Information

You will be required to provide a job search report upon applying to the SEP. On a preliminary basis, please answer the following questions.

A) How long have you been without work or sufficient work? \_\_\_\_\_

B) On a scale of 1 to 5, rank how much you have used the following job search methods  
(1 is little or not at all, 3 is somewhat, 5 is extensive/continual)

1 2 3 4 5 - HRCC Job Bank

1 2 3 4 5 - Newspaper ads

1 2 3 4 5 - Online job search

1 2 3 4 5 - Verbal contacts

1 2 3 4 5 - Enquiries with and/or unsolicited applications to prospective employers

1 2 3 4 5 - Other: \_\_\_\_\_

1 2 3 4 5 - Other: \_\_\_\_\_

C) What type of work you are specifically qualified to do or what types of jobs would you / are you applying for?

PRIMARY:

SECONDARY:

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D) Concerning your PRIMARY field of work identified in C) above, complete the following:

I have completed application forms for or submitted my resume for (#) \_\_\_\_\_ positions / jobs / with employers within the past (#) \_\_\_\_\_ months

I have received (#) \_\_\_\_\_ interviews in the past (#) \_\_\_\_\_ months

E) Concerning your SECONDARY field(s) of work identified in C) above, complete the following:

I have completed application forms for or submitted my resume for (#)\_\_\_\_\_ positions / jobs / with employers within the past (#)\_\_\_\_\_ months

I have received (#)\_\_\_\_\_ interviews in the past (#)\_\_\_\_\_ months

F) Explain any disabilities you have that may impact on your ability to work

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G) What are the key factors you believe are preventing you from obtaining suitable full-time employment?

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1

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2

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3

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4

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5

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### Section 3 - Business Information

A) Describe your business idea - what this business is primarily about

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B) Describe the key products and/or services the business may offer:

1

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2

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3

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4

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5

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C) What experience or training do you have related to your business idea?

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K) Have you checked with your local municipal hall to determine bylaw compliance for your business idea with the location where you plan to operate the business?

Not yet  Yes, the location complies

L) What special, permits, certifications etc are required to operate this business?

none or explain below

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M) Where do you foresee needing assistance with starting and running your business?

1

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2

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3

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N) What are the main reasons that make your business idea a good one right now?

1

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2

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3

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O) Which of the following factors could threaten to hinder or hurt the progress of you business?

none of the following

personal financial state  current health concerns  poor credit rating  difficulty in raising the money for the business  strong competition  changing technology  poor labour market  other threats or factors: \_\_\_\_\_

P) As a self employed individual, this business will need to provide you with an income. What is the minimum amount this business needs to provide to your household income?

\$ \_\_\_\_\_ / month

*Use the worksheet at the end of this document to help estimate the amount required.*

Q) What are your greatest concerns about starting a business?

1

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2

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3

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## Section 4 - Background Information

### Gender:

Female  Male

### Age:

18-24  30-39  50-59  
 25-30  40-49  60 +

### Relationship status:

Married  Single  Head of Household

### Household Size:

Number of adults: \_\_\_\_\_ Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

Certifications / Education: \_\_\_\_\_

## Section 5 – Resume and Certificates

- Provide details in attached resume
- Copies of Diplomas, Certificates, etc.

May we contact previous employers?

- Yes       No

**Please bring this completed form to your FIRST APPOINTMENT with the SEP Business Advisor.**

### Worksheet to calculate the owner's personal financial requirements

#### PERIODIC EXPENSES:

Expense	Month(s) Due	Amount / Year	Monthly Average
Home insurance		\$	\$
Vehicle insurance		\$	\$
Life insurance		\$	\$
Property taxes		\$	\$
Personal income taxes		\$	\$
Other:		\$	\$
Other:		\$	\$
<b>MONTHLY AVERAGE TOTAL (put this total in the table below)</b>			<b>\$</b>

#### MONTHLY EXPENSES:

Clothing	\$
Entertainment (TV, movies, eating out, recreation etc)	\$
Food	\$
Children's sports and lessons etc	\$
Medical and dental expenses	\$
Rent or mortgage payment	\$
Credit card payments	\$
Repairs and maintenance	\$
Telephone	\$
Utilities	\$
Vehicle fuel, repairs and maintenance	\$
Other:	\$
Other:	\$
Other:	\$
Miscellaneous (anything not listed above)	\$
Monthly average of Periodic Expenses (from table above)	\$
<b>TOTAL Monthly Expenses</b>	<b>\$</b>
LESS: Net household income available from other sources (spouse, pensions, income assistance etc)	\$
<b>EQUALS Total monthly draw required from the business</b> This is the amount your business needs to provide to you to live on	<b>\$</b>