

Self Employment Benefit Worksheet

Employment Nova Scotia



Before You Begin

To be eligible for funding under the Self Employment Benefit program you must meet the eligibility criteria for the program. An Employment Nova Scotia Agreement Manager will assess your application to determine your eligibility and advise you of the results of that assessment. Basic eligibility criteria include the requirement to be a Canadian Citizen or Permanent Resident who is currently a resident of Nova Scotia. You must also be unemployed or considered employed less than 20 hours per week (on average over the past year). You must work in conjunction with a Self Employment Service Provider who must approve your Business Concept as well as your Business Plan. There is a requirement under the Self Employment Benefit program that you must also be case managed through an Employment Assistance Service Provider funded through Employment Nova Scotia. There are additional eligibility criteria that will be assessed at the time of application and will inform the funding decision of Employment Nova Scotia. The final page of this form is to be completed by the SEB service provider and must be signed by the recommending staff member. The information you provide in this worksheet and other supporting application documents will be used along with the information which you provide to your case manager to assess your eligibility for the Self Employment Benefit program. Any false or misleading statement provided may result in an overpayment or termination of any consequent agreement.

Note: If you are subject to a garnishment under the Family Orders and Agreement Enforcement Assistance Act any benefits which you receive from this program are eligible for garnishment. You may wish to contact your Maintenance Enforcement Officer to discuss reducing your garnishment amount for this agreement.

Case ID number _____

Identification Information

Last name _____ First name _____ Middle initial _____

Date of birth ____/____/____
dd mm yyyy

Business Information

Business name _____

How is your business structured?

- Sole Proprietorship
- Corporation
- Not determined at time of application
- Own 100% of business and has complete control
- Owner/member of new worker cooperative
- Partnership: Holds _____% of business in partnership, major decision maker and holds control of business.

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Describe the product or service to be offered.

Describe your industry knowledge including details such as competitors, challenges, and future outlook.

Self Employment Benefit Worksheet

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What is the location of the business, its geographic target area, and marketing strategy?

Do you have experience related to this business idea? Describe.

Self Employment Benefit Worksheet

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Describe your progress to date. Outline contacts made, research completed, and compliance with regulations that pertain to your business.

Note: You cannot already be in business at time of application.

Has your business already been registered?

Yes No

If yes, when?

Have you been self employed before?

Yes No

If yes, explain any relevant business experience.

Do you have any supports to assist you in developing this business?

Eg. Investors, Mentor, etc.

Yes No

If yes, explain.

