



Youth Entrepreneurship Program (AYEP)

Learn. Launch. Grow!

Calling all youth living in the Sioux Lookout area

Sioux-Hudson Literacy Council (SHLC) is partnering with I DO BUSINESS. to deliver an entrepreneurship training program that will help you to learn, launch, and grow your very own business in less than a year!

Our **FREE** 30-week program will help you:

- Come up with your brilliant business idea and create a plan to reach success
- Apply for a chance to get up to \$3000 to help you start your business
- Market your business to get customers and make money!
- Learn about business loans and other ways to get money to start your business
- Build your skills and confidence to be a successful entrepreneur

Am I eligible?

To participate in this program, you must

- Be 18 to 29 years of age
- Have a desire and determination to be your own boss!
- Commit to the full 30 week program

How do I apply?

Print and complete the form on the following pages.

Submit the form by email, fax, or mail.

Email: entrepreneur.shlc@idobusiness.ca

Fax: 807-737-3201

Mail: Sioux-Hudson Literacy Council
ATTN: Youth Entrepreneurship Program
Box 829
73 King Street, Room 103
Sioux Lookout, ON
Canada, P8T 1B2

Visit www.idobusiness.ca/shlc.html **for more information**

Ready.**Set.Work.**

I DO BUSINESS. Youth Entrepreneurship Program
Sioux-Hudson Literacy Council (SHLC)

Participant Application Form

First Name:	Last Name:	Middle Name	
Details			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed			
Date of Birth (day/month/year)		Application Date (day/month/year)	
Contact Information			
Primary Mailing Address			
Unit/Suite/Apt.	Street No.	Street Name	PO Box
City/Town	Province	Postal Code	
Other Contact Information			
Phone	Cell	Email	
Alternate Mailing Address			
Unit/Suite/Apt.	Street No.	Street Name	PO Box
City/Town	Province	Postal Code	
Education			
What is the highest level of education that you have completed?			
<input type="checkbox"/> Grade 0-8	<input type="checkbox"/> Some High School	<input type="checkbox"/> High School Graduate or GED	
<input type="checkbox"/> Some College/University	<input type="checkbox"/> College Certificate/Diploma	<input type="checkbox"/> University Bachelors Degree	
<input type="checkbox"/> Post Graduate			

Employment	
List below your most recent work experience, including volunteer work.	
Employment Type <input type="checkbox"/> Paid <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unpaid <input type="checkbox"/> Volunteer	Name of Employer
Job Title	Duties
Employment Start Date Employment End Date	
Employment Hours per Week	Reason for Leaving
Program Commitment	
This program will provide you with the skills and resources you need to successfully start up your own business. How interested are you in starting your own business? <input type="checkbox"/> I am not interested <input type="checkbox"/> I am somewhat interested <input type="checkbox"/> I am very interested	
This training program is 30 weeks in length. The first 16 weeks will require up to 20 hours of your time. Afterwards, your time will be focused on actually starting your business, with program check-ins and supports. Some of this time will be in the classroom, some of it will be online, and some of it will be self-directed. <i>Are you able to commit to this program over the next 30 weeks?</i> <input type="checkbox"/> Yes, I can commit to this amount of time <input type="checkbox"/> Maybe, I want to participate but I have some challenges that I would need help with <input type="checkbox"/> No, I am not willing to commit this amount of time to the program	
If you answered "Maybe", what challenges do you have that we can help you with? <input type="checkbox"/> Child care <input type="checkbox"/> Travel to program <input type="checkbox"/> I have a full-time job <input type="checkbox"/> I have a part-time job <input type="checkbox"/> I have other time commitments that may get in the way (please explain): <input type="checkbox"/> Other (please explain):	
Notice of Collection and Consent	
The Ministry of Economic Development Trade and Employment is the government organization that gives funding for this program. In order to administer and fund this program, the Ministry needs to collect some personal information about you. Including: <ul style="list-style-type: none"> • The services provided to you; • Your training progress in the program as well as your results when you finish the program; and • How happy you are with the services you received In addition, Service Provider must share its books and records with the Ministry when asked. This allows the	

Ministry to confirm that your Service Provider is delivering the program as it has agreed to do in its contract with the Ministry.

To administer and fund the program, the Ministry will use your personal information for such purposes as:

- Looking at how well your Service Provider is performing and if it is doing everything it has agreed to in its contract with the Ministry;
- Looking at participants' progress and results to see how the program is working in the province and whether any changes are needed

The Ministry collects your personal information in accordance with s.32(2) of the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.F.31, as amended, which is a law that the Ministry must follow to ensure that your personal information is protected.

By signing below, I give consent to the Ministry to indirectly collect, use and disclose my personal information for the purposes set out above.

Signature of applicant

Date (day/month/year)