

Business Plan Development	Yes	No
Real Estate	Yes	No
Accounting – Bookkeeping	Yes	No
Cultural Training	Yes	No
Legal Advice	Yes	No
Import / Export Training	Yes	No
Business Etiquette Training	Yes	No
Social Media	Yes	No

Other, please explain _____

How did you hear about this program?

- Friends Immigrant Serving Agency / Multicultural Association
 Family Chamber of Commerce / Economic Development Agency
 Other _____

Referred by (if applicable):

Name and address _____

Contact number _____

Confirmation:

Initial the two statements below:

_____ I understand that I may be required to complete the mentorship program orientation, cultural competency training and other training sessions during the six month period.

_____ I understand that the mentor program involves attendance and participation in scheduled trainings as well as spending a minimum of 4 hours every month for six months with an assigned mentor.

In making this application to be a mentee, I understand that the Business Immigrant Mentorship Program may require a criminal record check of all mentees applying to participate in the program. This check may be done on me if I sign below. Failure to sign may be grounds for disqualifying me as a mentee.

By signing and submitting this form, I hereby consent to allow designated representatives of the BIMP Program to collect, use, and retain the personal information contained in my application:

- to verify the information I submit for the program;

- to assess my eligibility as a mentee of the program;
- to monitor my compliance with program requirements; and
- to share the information with the Government of New Brunswick to evaluate the program for research, evaluation and improvement purposes.

I certify to the best of my ability that the information provided on this application is true and accurate.

Signature

Date

NOTE: Please attach your resume to this application form

THANK YOU
WELCOME TO THE BUSINESS IMMIGRANT MENTORSHIP PROGRAM

