



SELF-EMPLOYMENT PROGRAM SUPPLIER PERIODIC REVIEW OF CLIENT'S BUSINESS ACTIVITIES

The collection, use and disclosure of personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Specific questions about this form may be directed to the ministry contact for the SEP supplier's contract.

CLIENT NAME	ADDRESS	PHONE NUMBER
BUSINESS NAME	ADDRESS	PHONE NUMBER
SELF-EMPLOYMENT PROGRAM SUPPLIER		PHONE NUMBER
PERIOD SUBJECT TO REVIEW	CLIENT TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2	

SUMMARY OF BUSINESS PROGRESS

(Summarize the important achievements/milestones of the business plan during the quarter and any critical factors that require addressing/are being addressed/to ensure the achievements of the business plan. Attach additional pages if required)

SELF EMPLOYMENT PROGRAM SUPPLIER'S COMMENTS

(Document the specifics of any concern identified as a result of the review procedures carried out.)

DECLARATION (Required for all clients)

I have reviewed and verified the above-noted client's business activities in accordance with Self-Employment Program monitoring procedures set out in section 3.1.2 of the Self-Employment Services addendum to the Employment Program for Persons with Disabilities (EPPD) Service Provider Manual. Nothing has come to my attention, except for the matters described above, which would indicate the monthly reports submitted by the client are not a true and correct representation of the client's financial transactions for the period subject to review.

SIGNATURE OF SUPPLIER CONDUCTING REVIEW OR SIGNATURE OF AUTHORIZED COMPANY SIGNATORY	SUPPLIER NAME OR COMPANY NAME (PLEASE PRINT)	DATE SIGNED (YYYY MM DD)
--	--	--------------------------