

SELF-EMPLOYMENT PROGRAM ACCEPTANCE OF TERMS AND BUSINESS PLAN

The personal information requested on this form is collected under the authority of the *Employment and Assistance Act* and/or the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information are 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 contract.

PART 1 (to be completed by all SEP clients)

BUSINESS NAME	BUSINESS PLAN PERIOD (YYYY/MM - YYYY/MM)
SUBMITTED BY (CLIENT):	SUBMITTED THROUGH (SUPPLIER NAME):

I hereby agree to abide by the terms and conditions of the Self-Employment Program, as set out in the *Employment and Assistance Act* and Regulations and the *Employment and Assistance for Persons with Disabilities Act* and Regulations. This includes my obligation to report self-employment earnings each month, using the forms provided by the Ministry of Social Development and Poverty Reduction (SDPR).

When required to do so by the Minister, I hereby agree to submit a business plan for the small business I am operating or propose to operate under SEP for review by the SEP supplier and the Minister.

I hereby submit my Business Plan for review by the Self-Employment Program Supplier and for acceptance by SDSI.

CLIENT SIGNATURE	CLIENT NAME (PLEASE PRINT)	DATE (YYYY MM DD)
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- Type 1 - BCEA clients proposing a new business, need SE services and to prepare a business plan
- Type 2 - BCEA clients who have an existing business or are proposing one. (Must have business experience; Do not require SE services or to prepare a business plan unless a loan is sought.)

PART 2 (to be completed by SEP supplier when a Business Plan is required)

- Based on my review, I am satisfied that the Business Plan meets the requirements of the SDSI Self-Employment Program and I am recommending that the attached Business Plan be accepted by the Ministry of Social Development and Poverty Reduction for the purposes of the Self-Employment Program.
- Based on my review, I am not satisfied that the Business Plan meets the requirements of the SDSI Self-Employment Program, for reasons set out on next page, or attached

SIGNATURE OF SUPPLIER CONDUCTING REVIEW OR SIGNATURE OF AUTHORIZED COMPANY SIGNATORY	SUPPLIER NAME OR COMPANY NAME (PLEASE PRINT)	DATE (YYYY MMM DD)
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PART 3 (to be completed by the Ministry of Housing and Social Development if a Business Plan is required)

- The attached Business Plan is accepted by the Minister of Social Development and Poverty Reduction
- The attached Business Plan is not accepted by the Minister of Social Development and Poverty Reduction

MINISTRY AUTHORITY	NAME (PLEASE PRINT)	DATE (YYYY MM DD)
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SAMPLE