



MINISTRY OF LABOUR AND SMALL
ENTERPRISE DEVELOPMENT

IBIS

The National Integrated Business Incubator System

APPLICATION FORM



This package contains all the information required for admission into **IBIS**. Please take a moment to fully read and understand all the details herein and ensure that all areas are completely and accurately filled out. Note that falsifying information can disqualify you from being selected into the programme.

ALL THE INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL.

ADMISSION REQUIREMENTS

The National Integrated Business Incubator System (**IBIS**) makes available its advantages, privileges and opportunities **to all Residents of Trinidad and Tobago.**

This application form must be completed and submitted to the NEDCO/ETTIC Centre specified.

The applicant must submit one (1) copy along with the original of the following documents:

- One form of identification such as National I.D. Card, Valid Passport or Valid Driver's License.
- The most recent Bill showing your name and address (e.g) Light Bill, Water Bill, Telephone Bill, Bank Statement or Cable Bill.
- Transcripts/certificates from secondary/technical/vocational/tertiary institutions, if any.
- Life Skills Training Certificate will be required for all candidates who have not completed secondary school education. ***This certificate is available from the Ministry of Science, Technology and Tertiary Education (MSTTE) through its affiliated programmes:***
 - The Multi-Sector Skills Training Programme (MuST).
 - The On-the-Job Training Programme (OJT).
 - The Retraining Programme.
 - The Youth Training and Employment Partnership Programme (YTEPP).
 - National Energy Skills Centre (NESCC)
 - Metal Industries Company (MIC) Ltd.

The applicant must submit the Original copy of the following documents (Please note: We will NOT keep your original documents. They are only for verification purposes)

- Two (2) recent recommendations – not more than six (6) months old. Recommendations must come from either a previous/present educational institution; a previous/present employer; a reputable person in your community who can attest to the applicant's character. Recommendations from family members or persons residing in your home will **NOT** be accepted.
- A Police Certificate of Character – not more than six (6) months old). (***Receipt accepted but original must be presented within one month***)
- A basic Business Plan, if available.

Drop Completed Applications with Required Documents to one of the Following IBIS Incubator Locations:

- **Sangre Grande - LP# 917 Manzanilla Road, Sangre Grande - 691-3729**
- **Siparia/Penal - 27- 29 Bhupsingh Street, Penal - 821- 5804 ext. 2186**
- **Point Fortin- 14 Guava Road, Point Fortin - 648-3104**
- **Barataria - LP# 64, The Atrium, Don Miguel Extension Road, San Juan - 289- 1207**
- **OR to any of the NEDCO/ETTIC Centres – 625-7679**

NATIONAL INTEGRATED BUSINESS INCUBATOR SYSTEM (IBIS)

PLEASE PRINT CLEARLY IN BLOCK LETTERS. CHECK WHERE APPROPRIATE

SECTION 1																																							
CONTACT AND IDENTIFICATION INFORMATION																																							
Last Name						First Name						Middle Name																											
Date of Birth				DD		MM		YYYY				Gender																											
										<input type="checkbox"/> Male				<input type="checkbox"/> Female																									
Address										Telephone contact																													
Number:.....										Mobile:																													
Street:										Home:																													
City:										Work:																													
Country:.....										Other:																													
Email address(es)																																							
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National Identification Numbers																																							
Form of ID used (pick one): National ID /Drivers Permit/Passport: Number.....																																							
NIS Number (IF APPLICABLE):										BIR Number (IF APPLICABLE):																													
Emergency contact																																							
Name						Contact Number						Relationship																											
.....																																
How did you hear about IBIS																																							
<input type="checkbox"/> Community Outreach Programmes				<input type="checkbox"/> Community PA System				<input type="checkbox"/> Radio				<input type="checkbox"/> Television				<input type="checkbox"/> Ministry Website																							
<input type="checkbox"/> Expo/ Seminar		<input type="checkbox"/> Referral		<input type="checkbox"/> Newspaper		Other																																	

SECTION 2

EDUCATION & TRAINING

2.1 What is the **highest** level of education that you have attained?

- Primary
 Secondary
 Other
 Tertiary (Please state the title of the qualification, i.e. AA, BA, MBA, PhD etc)

2.2 Please list any other Certificates/Courses:

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2.3 Are you currently enrolled in any educational/vocational institution? Yes No

If 'yes' please state institution and programme of study:

Programme/Subject	Training institution	Start Date	End Date
.....
.....
.....

Vocational Qualification/Training you have completed.

2.4 Please list your vocational qualifications (if applicable):

Programme/Subject	Training institution	Level(s) (1,2,3,4,5)	Standard (NEC, CVQ, TTNVQ)
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.....

SECTION 3

EMPLOYMENT HISTORY

3.1 Are you currently employed? (tick all that apply) Wage-Employed Self-Employed

3.2 If you are Wage-Employed, are you Full Time (FT)/Part Time (PT)? FT PT

3.3 If you are Self-Employed, are you Full Time (FT)/Part Time (PT)? FT FT

3.4 Please explain the nature of your work experience.

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3.5 List and explain any other Skills and Abilities.

3.6 References *(please note that references should be trade or work experience specific)*

Name	Telephone
Address	Place of work/Occupation

Name	Telephone
Address	Place of work/Occupation

SECTION 4
ONLY ANSWER THIS SECTION IF YOU ALREADY HAVE A BUSINESS
 (if you **do not yet have a business**, please go to section 5)

4.1 Do you have an existing business? Yes No

4.2 What is your business name?

4.3 Is your Business registered? Yes No

4.4 What is the structure of your business?

Sole Trader (One person owning business and working alone) Limited Company Partnership

Cooperative Other (specify)

4.5 Please describe the current activities of your business.

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4.6 How long has your business been in operation?
 Less than 1 (one) year 1 -3 years 3-5 years More than 5 years

4.7 Where is your business located?
 At home Commercial property No fixed location Other

Please give your business address (if applicable):
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4.8 Are you looking for physical space to operate your business? Yes No

4.9 Are you willing to relocate or operate your business in an area identified by the IBIS programme? Yes No

If "No", please indicate why:
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4.10 How many people, including yourself, work in your business? No. of Full-time _____ No. of Part-time _____

4.11 In the last 12 months, have you invested in your business (bought new equipment, property, increased the number of employees)?
 Yes No

4.12 Have you previously applied to any institutions for funding for your business? Yes No

4.13 Have you previously received any funding for your business? Yes No

4.14 Do you have any loans, liens, payment plans, hire purchase arrears etc? Yes No

4.15 What are the most important problems that your business faces? Tick **ONLY** the top three (3).

<input type="checkbox"/> Attracting and keeping clients	<input type="checkbox"/> Export/import of your product	<input type="checkbox"/> Intellectual property issues
<input type="checkbox"/> Import taxes	<input type="checkbox"/> Tax Compliance difficulties	<input type="checkbox"/> Space/ inadequate location
<input type="checkbox"/> Lack of finance/capital	<input type="checkbox"/> Unable to source raw materials	<input type="checkbox"/> Lack of information
<input type="checkbox"/> Lack of business skills	<input type="checkbox"/> Government restrictions/ regulations	<input type="checkbox"/> Acquiring suitable employees
<input type="checkbox"/> Research and up-to-date information	<input type="checkbox"/> Lack of technical skill	<input type="checkbox"/> Accounting/ record keeping
<input type="checkbox"/> Other, please specify		

4.16 What marketing media do you use?

<input type="checkbox"/> Social media (e.g. Facebook/ Twitter/ Youtube)	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio	<input type="checkbox"/> Face to face
<input type="checkbox"/> Other online (including company website)	<input type="checkbox"/> Television	<input type="checkbox"/> None	
<input type="checkbox"/> Other, please state			

Now go to SECTION 6.

SECTION 5: ONLY COMPLETE THIS SECTION IF YOU DO NOT YET HAVE A BUSINESS

5.1	Do you have a Business idea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.2	Do you have prior <u>work experience</u> in the area of your business idea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.3	Do you have prior <u>training</u> in the area of your business idea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Now go to SECTION 6

SECTION 6: ALL APPLICANTS MUST ANSWER THIS SECTION

6.1 Please explain the concept of your Business Idea and state what makes it different from competitors or similar businesses.

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SECTION 7

ALL INFORMATION IN THIS SECTION IS VOLUNTARY

The submission of information in this section is purely voluntary. The information will be used for both research purposes and to assist us to better serve you. The information will NOT be used to disqualify any applicant.

7.1 Marital status

Single Married Separated/Divorced Common Law

7.2 Ethnicity

African East Indian White/Caucasian Chinese Mixed Other

7.3 Disability

Do you have a disability? Yes No

If yes, do you need accommodations during the application for admission process? If yes, please describe the accommodations needed:

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7.4 Health

Do you have any serious medical conditions? Yes No

If this condition requires special accommodation or facilities, please specific what you will need.

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SECTION 8

STATEMENT OF TRUTH

The statements and information furnished by the undersigned in this application form are true and complete. The applicant's recommenders are permitted to release the applicant's information including conduct/discipline records, as well as any other pertinent information that may be required by **IBIS** for the purpose of admission.

Our signatures certify that we have read and agree with the above statements.

Signature of Applicant

Date:

BELOW - OFFICIAL USE ONLY

Signature of Incubator Manager

Signature of Board Member

Date:

Date:

Do you have any serious medical conditions?

Yes

No

If this condition requires special accommodation or facilities, please specific what you will need.

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