

Immigration category Citizen (former PN) Canadian Citizen
 Business Stream Skilled Worker
 Strategic Initiatives
 Other. Please specify: _____

New Brunswick Provincial Nominee (NBPNP) # _____

- Principal applicant
- Spouse

Your Interests:

What type of business do you currently own or anticipate you would like to have?

What relevant type of experience do you have in this field of business?

If you already have a business plan please describe? If not, do you need assistance in getting it started?

What are your goals and expectations for the Business Immigrant Mentorship Program?

Circle the areas that you feel would be of benefit to you in getting started in business.

Networking Yes No

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

