

**MHR PARTICIPANT  
SELF-ASSESSMENT FORM**

**NAME:** \_\_\_\_\_ **SIN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1. SELF-EMPLOYMENT AS AN OPTION:**

**a) Why are you interested in being self-employed? (check the three most important points, in order of priority 1, 2, 3)**

- \_\_\_\_\_ to be my own boss
- \_\_\_\_\_ to be independent
- \_\_\_\_\_ to work irregular hours
- \_\_\_\_\_ to work at home
- \_\_\_\_\_ to work in an area I enjoy
- \_\_\_\_\_ to run a family business
- \_\_\_\_\_ to earn a good income
- \_\_\_\_\_ to continue to care for my family while I work
- \_\_\_\_\_ to get off welfare/unemployment insurance
- \_\_\_\_\_ other

reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**b) What assistance would you require to start a business or become self-employed? (check all that apply)**

- \_\_\_\_\_ training in how to start a business
- \_\_\_\_\_ training in how to manage a business
- \_\_\_\_\_ training in a specific skill

(explain): \_\_\_\_\_  
\_\_\_\_\_

- \_\_\_\_\_ help in making business contacts
- \_\_\_\_\_ help with building self-confidence
- \_\_\_\_\_ one-on-one business counselling
- \_\_\_\_\_ personal counselling (family problems, stress, etc.): \_\_\_\_\_

- \_\_\_\_\_ help in finding money for start up costs
- \_\_\_\_\_ child care
- \_\_\_\_\_ continued employment insurance while starting a business
- \_\_\_\_\_ other

(explain) \_\_\_\_\_  
\_\_\_\_\_

**2. BUSINESS INFORMATION:**

**a) Please provide a brief description of your business idea:**

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**b) Please describe any steps that you have taken to become self-employed:**

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**c) Do you have skills or experience that relate to your business idea?**

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**d) Please list and describe briefly, any business development training business counselling you have already received.**

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**e) What are your greatest concerns about starting your own business?**

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**f) Briefly describe any research conducted relevant to starting your own business?**

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**e) Are you in the process of preparing your business plan? If "Yes" please provide a brief description of the what stage you currently at.**

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**f) Have you considered any advantages and disadvantages of self-employment?**

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- g) **Have you consider contributing some equity towards start up costs? If "Yes" please indicate your contribution amount.**

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**3. PERSONAL BACKGROUND (completion of this section is optional)**

**Sex:** Female \_\_\_\_\_ Male \_\_\_\_\_

**Age:** 18-24 \_\_\_\_\_ 30-39 \_\_\_\_\_ 50-59 \_\_\_\_\_  
25-30 \_\_\_\_\_ 40-49 \_\_\_\_\_ 60 and more \_\_\_\_\_

**Number of Adults:** \_\_\_\_\_ **Number of children** \_\_\_\_\_  
**Ages** \_\_\_\_\_

**4. EDUCATIONAL BACKGROUND:**

Highest grade completed \_\_\_\_\_ Year completed \_\_\_\_\_  
Institution: \_\_\_\_\_  
Other training: \_\_\_\_\_ Diploma/Certificate: \_\_\_\_\_

**5. EMPLOYMENT HISTORY:**

a) Name of your last employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position held and dates employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

b) Name of your last employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position held and dates employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

May MHR contact your previous employers? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever owned your own business? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe any previous businesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

