

## 2019/20 Business Information Form (for Applications by Association)

Business/Organization Name:		Other Names/Subsidiaries if applicable:	
Mailing Address:			
Nova Scotia address: (if different address for staff receiving training)			
Nova Scotia Registry of Joint Stocks Number:		Business ID Number (Canada Revenue Agency):	
Contact Person:		Position Title:	
Telephone:	Fax:	Email:	
<b>Authorization:</b> I certify that I am an authorized officer of the organization named above, and that the information provided in this form is true and correct to the best of my knowledge and belief. <b>I will complete the survey link provided at the end of the training.</b>			
Signature: _____		Date: _____	

*The following questions relate to business operations in Nova Scotia*

North American Industry Classification System code (NAICS):		Sector:	
Business Description:			
Number of Full-Time Equivalencies (FTE's):	[                      ] ÷ 1820 =		
	(Total Hours)	(# of FTE's)	
Number of Full-time Employees: (35+ hours/week)	Number of Part-time/Seasonal Employees: (less than 35 hours/week or less than 12 months/year)	Total Number of Employees	
Wages & salaries paid for full-time employees (CAD for last fiscal year):	\$		
Wages & salaries paid for part-time employees (CAD for last fiscal year):	\$		
Total wages & salaries paid for all staff (CAD for last fiscal year):	\$		
Company paid training investments	Last Year	2 Years ago	3 Years ago
	\$	\$	\$
Number of years /months the business has operated (e.g. 1 year and 6 months):	Years:	Months:	
Total sales (CAD for last fiscal year):	Does the business export outside Nova Scotia? <input type="checkbox"/> YES <input type="checkbox"/> NO		
\$	If yes, what percentage of revenue is derived from exports? _____%		
Are there outstanding or pending claims/litigation against the business/organization? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please provide details:			