

Registration Form- New/ Start-Up Businesses (Operating for less than 3 years)

a. Personal Data		BDO Name:		Date Completed ___/___/___			
1. First Name:							
2. Middle Name:							
3. Last Name:							
4. Sex:		Male <input type="checkbox"/> Female <input type="checkbox"/>					
5. Date of Birth:		___/___/___ dd/mm/yyyy		6. No. of Children: Please state age of children			
7. Marital Status:		Single <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Separated <input type="checkbox"/>					
8. Citizenship:		Grenadian <input type="checkbox"/> CARICOM National (please specify _____) <input type="checkbox"/> Other: _____ <input type="checkbox"/>					
9. Type of ID:		NIS <input type="checkbox"/> Passport <input type="checkbox"/> Driver's license <input type="checkbox"/> Voter's ID <input type="checkbox"/> Farmer's/Fisherman ID <input type="checkbox"/> Other: _____ <input type="checkbox"/>		10. ID No.			
11. Do you have a disability/physical impairment?		Yes <input type="checkbox"/> No <input type="checkbox"/>					
12. If 'yes' please specify:		Physical Disorder <input type="checkbox"/> Speech Disorder <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Blindness <input type="checkbox"/> ADHD <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Learning Disorder <input type="checkbox"/> Other _____ <input type="checkbox"/>					
b. Physical & Mailing Address							
13. Community		14. Parish		St. Andrew <input type="checkbox"/> St. John <input type="checkbox"/> St. Patrick <input type="checkbox"/> St. Mark <input type="checkbox"/> Carriacou <input type="checkbox"/> Petite Martinique <input type="checkbox"/> St. George <input type="checkbox"/> St. David <input type="checkbox"/>			
15. Contact Number:		16. Email:		17. Mailing Address:			
Work:							
Home:							
Mobile:							
c. Education							
18. Educational Attainment		Primary School Certificate <input type="checkbox"/> Secondary Certificate <input type="checkbox"/> Technical Certificate <input type="checkbox"/> CVQ/NVQ <input type="checkbox"/> Tertiary: Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Other: _____ <input type="checkbox"/> (please specify)		19. Year Completed Education (please specify)			
d. Employment History of Applicant							
20. Are you Employed? <i>Underemployed definition: not having enough paid work or not doing work that makes full use of their skills and abilities. [Oxford dictionaries]</i>				Yes (Employed) <input type="checkbox"/> No (Unemployed) <input type="checkbox"/> Underemployed <input type="checkbox"/>			
21. If 20 is 'Yes/Underemployed' Choose which status applies to your current situation.				Employed/Underemployed		Self Employed	
				Permanent <input type="checkbox"/> Temporary (e.g. Seasonal) <input type="checkbox"/>		Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>	
22. Type of Employment		Clerical <input type="checkbox"/> Farm Labourer <input type="checkbox"/> Supervisory <input type="checkbox"/> Fisher folk <input type="checkbox"/> Farmer <input type="checkbox"/> Construction Worker <input type="checkbox"/> Artisan <input type="checkbox"/> Domestic Worker <input type="checkbox"/> Other: _____ <input type="checkbox"/>		23. What is your average (monthly) income?		Under \$100 <input type="checkbox"/> \$100-\$499 <input type="checkbox"/> \$500-\$999 <input type="checkbox"/> \$1000-\$1499 <input type="checkbox"/> \$1500-\$1999 <input type="checkbox"/> \$2000-\$2499 <input type="checkbox"/> \$2500-\$2999 <input type="checkbox"/> Over \$3000 <input type="checkbox"/> _____	
e. Household Information							
24. Are you the head of the household?		25. If Q 24 is No, What is the marital status of the head of the household?		26. Total number of Household members		27. Number of adults	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Single <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Separated <input type="checkbox"/>					

28. List all the Adult Household members below (18 years and older):									
Name (Full Name-first, last)	Educational Attainment (See 18)	Sex (M,F)	Age	Marital status (See 7)	Relationship to Applicant	Employment Status (see 20)	Type of Employment (see 22)	Do they have a Disability? (y/n)	What is the disability? (See 12)

f. Training

29. Have you received any previous training? Yes <input type="checkbox"/> No <input type="checkbox"/>	31. Would you be willing to commit to the time for the training? Yes <input type="checkbox"/> No <input type="checkbox"/>	30. If Q 29 is 'Yes' Please List the trainings attended	Name of Training Course	Year Completed
32. Would you receive support from your family to attend the training if accepted? Yes <input type="checkbox"/> No <input type="checkbox"/>	33. What type of support would you receive from your family?			

34. Do you have any challenges that may prevent you from attending the training? Yes No

35. What challenge you may face in attending the training? Childcare Distance to Training Site Transportation Cost Availability of Transportation Loss of Income Other: _____

g. Business Interest

36. Do you presently own/ operate a business? Yes No

37. If Q 36 Is 'No', do you have an interest in starting a business? Yes No

38. What is your area of interest?
 Farming: Crop Livestock
 Fishing Fish Processing & Handling
 Agro Processing Horticulture
 Poultry Confectionery Clothing Artisan Honey Production Technologies Renewable Energy
 Food and Beverage Eco Tourism Arts & Crafts Hospitality Administration Other _____

h. Business Information (only if Q36 is Yes)

39. Business Location		40. What is the date or year the business started?	
41. Have you had any experience in engaging in climate smart activities within your business?		42. What challenges are your business faced with?	
43. What type of products/ services do you offer?	Farming: Crop <input type="checkbox"/> Livestock <input type="checkbox"/> Fishing <input type="checkbox"/> Fish Processing & Handling <input type="checkbox"/> Agro Processing <input type="checkbox"/> Horticulture <input type="checkbox"/>	44. Is your business registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Poultry <input type="checkbox"/> Confectionery <input type="checkbox"/> Clothing <input type="checkbox"/> Artisan <input type="checkbox"/> Honey Production <input type="checkbox"/> Technologies <input type="checkbox"/> Renewable Energy <input type="checkbox"/> Food and Beverage <input type="checkbox"/> Eco Tourism <input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Hospitality <input type="checkbox"/> Administration <input type="checkbox"/> Other <input type="checkbox"/> _____	45. What type of business? Sole Proprietorship/ Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Company <input type="checkbox"/> Co-operative <input type="checkbox"/> Other <input type="checkbox"/>		
	46. Who are the Owners of the business? 	47. What are your current markets? <i>(can choose more than one options)</i> Community retails shops <input type="checkbox"/> MNIB <input type="checkbox"/> Exporters/Traffickers <input type="checkbox"/> Restaurants _____ <input type="checkbox"/> Supermarkets _____ <input type="checkbox"/> Hotels _____ <input type="checkbox"/> Local Market <input type="checkbox"/> Shops _____ Other _____ <input type="checkbox"/>		
	48. How many employees do you have?			

49. How much Income do you earn from <i>your business</i> monthly?	Under \$100 <input type="checkbox"/> \$100-\$499 <input type="checkbox"/> \$500-\$999 <input type="checkbox"/> \$1000-\$1499 <input type="checkbox"/> \$1500-\$1999 <input type="checkbox"/> \$2000-\$2499 <input type="checkbox"/> \$2500-\$2999 <input type="checkbox"/> Over \$3000 <input type="checkbox"/> _____	50. How many of your employees are family members or non-family members?	Family Members	Non Family Members

i. Applicant Readiness for Online Learning

51. Do You Have access to the Internet (Strong Wi-Fi Connection)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
52. Do you have access to a working device? (tablet/ laptop/Personal Computer)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Notes	

Conclusion/Summary					
Literacy score					
Numeracy score					
Target Group <ul style="list-style-type: none"> Beneficiary of ET: unemployed and underemployed youth 16 to 35 years old, with a minimum of primary school completed, from poor HH in rural areas. 					
Considered Beneficiary: 2 or more checks					
Criteria	Y	N	Criteria	Y	N
<ul style="list-style-type: none"> >3 Family members per Household 			<ul style="list-style-type: none"> >=1 adult without secondary or tertiary education 		
<ul style="list-style-type: none"> >=1 unemployed adult in the Household 			<ul style="list-style-type: none"> Head of Household is single 		