

2017/18 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:	
Authorization: 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. I will complete the survey link provided at the end of the training.			
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):		$\left[\text{Total Hours} \right] \div 1820 = \text{# of FTE's}$	
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
		\$	\$
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:			