



Access to Professionals - Participant Information Sheet

The Small Business Centre provides a wide range of services. Completing this form helps us to determine how we can best serve you, meet the changing needs of entrepreneurs, and provides necessary details for your appointment with the designated advisory service professional.

Section A - Please complete a separate Participant Information Sheet for each appointment.

Last Name:		Preferred First Name:		Professional: Lawyer HR Accountant	
Name of your Business:					
Have you registered the name with the province of Ontario? Yes No					
Street Address: <input type="checkbox"/> Home <input type="checkbox"/> Business			City:		Postal Code:
Telephone:		E-mail address:			
Website or primary social media page: http://			Would you like to receive Centre news and program announcements by email: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Briefly describe type of business and sector:					
Examples: main street retail; construction; manufacturing; consulting; personal services; B2B services, food service;					
How did you hear about us?					
<input type="checkbox"/> Social Media <input type="checkbox"/> Community Partners <input type="checkbox"/> SBC Event <input type="checkbox"/> SBC Website <input type="checkbox"/> Referral: _____ <input type="checkbox"/> Other: _____					
What assistance are you seeking?			Additional business information		
<input type="checkbox"/> General Business Guidance & Advice <input type="checkbox"/> Financing <input type="checkbox"/> Business Plan Assistance <input type="checkbox"/> Market Research <input type="checkbox"/> Entrepreneurial Programs/ Training <input type="checkbox"/> Other: _____			Stage of Business: <input type="checkbox"/> Investigating <input type="checkbox"/> Recent Startup <input type="checkbox"/> Existing If you have not started, how soon will you start? <input type="checkbox"/> 0-3 months <input type="checkbox"/> 3-6 months <input checked="" type="checkbox"/> 12 months <input type="checkbox"/> 1 year+ Is, or will this business be <input type="checkbox"/> Full-time? <input type="checkbox"/> Part-time? How much of your own money will you be investing? <input type="checkbox"/> under \$2,000 <input type="checkbox"/> \$2,000-\$5000 <input type="checkbox"/> \$5,000-\$10,000 <input type="checkbox"/> \$10,000+ Do you plan to hire new staff? If so, in the next: <input type="checkbox"/> 0-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1 – 2 years <input type="checkbox"/> 2 years+		
Is this your first visit to the Small Business Centre? <input type="checkbox"/> Yes If "No", skip the next section & turn over page					
Additional personal Information: As a publicly funded organization, the following <u>volunteered</u> information may help with policy directive and new program design.					
Age: <input type="checkbox"/> Under 30 <input type="checkbox"/> 30 to 50 <input type="checkbox"/> Over 50					
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary					
Do you currently receive any government income support? <input type="checkbox"/> No <input type="checkbox"/> ODSP <input type="checkbox"/> OW <input type="checkbox"/> EI <input type="checkbox"/> Other					
Do you associate with having mental health or addiction challenges? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you a <input type="checkbox"/> newcomer (recent immigrant) or <input type="checkbox"/> Indigenous					

Section B – For Returning Clients Only

When did you last visit the SBC?

- Within the last month 1-6 months ago 6-12 months ago More than a year ago

What was the primary purpose of your last visit?

- Drop in for information Consultation Seminar Networking

What services have you accessed in the past? Please check all that apply.

- Consultation Free Seminar Paid Seminar Entrepreneurial Training Program Networking

Has your business status changed since you last visited?

- Yes, I have launched my business
- Yes, I have hired (#)_____new staff (Full-time Part-time)
- Yes, _____(please explain)
- No, my business status has not changed.

Section C – Questions/Topics/ What do you require assistance with?

Appt. date:

Time:

Consultant:

This small box to be completed by SBC staff. Please proceed to next box.

This information will be provided to the professional prior to your meeting. To maximize your time and make the most of your advisory appointment, please be as specific as possible.

Any information that you give us that is not publicly available will be treated as confidential.

The information provided will not be used except as reasonably required to provide our services. To provide an enhanced level of service, information may be shared with our economic development and funding partners including The City of London, London Economic Development Corporation, Ministry of Economic Development Job Creation and Trade. By submitting this form, you will have agreed to these terms.