

Today's Date: _____
 Day Month Year

Date of First Visit (If different): _____
 Day Month Year

PERSONAL INFORMATION

Last Name: _____

First Name: _____

Address: _____ Apartment: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone : _____ Ex. _____

Fax: _____ Cell Phone : _____

Email: _____

Date Of Birth: _____ Country of Birth: _____

Gender: Male Female Other: _____

Which official language is spoken at home: English French Other _____

Do you consent to receiving electronic messages from YES (newsletters, programming news etc.)? Yes No

Do you consent to receiving communications from YES via mail (programming news, events, etc.)? Yes No

Are you a member of one or more of these underrepresented groups? (Click all that apply)

- Official Language Minority (English speaker) Visible minority
- Indigenous person Recent Immigrant (10 years or less)
- Person with disability Date of Arrival in Canada: _____

ENTREPRENEURIAL INFORMATION - Definitions

- **Idea Evaluation** – You are considering several ideas, and will eventually choose one to pursue
- **Pre Start-Up Validation** – You are researching the feasibility/viability/industry of the idea you are pursuing
- **Start-Up - Phase 1** – You are operating your business and generating **less than** 80% of your expenditures
- **Start-Up - Phase 2**– You have been in operation for at least a year and are generating revenues of **at least** 80% of your expenditures
- **REQ #-** Your business is registered with the Registre des entreprises du Québec (REQ)
- **Business Transfer** – Your business ownership is a transfer from a family member, employer or someone else

What is your current stage of business development? (Please choose only one option)

- Idea Evaluation Pre-Start-Up Validation Start-up Phase 1 Start-Up – Phase 2

Registered Business YES NO **If yes, N.E.Q. (numéro d'entreprise du Québec):** _____

Date of Registration _____

Business Transfer YES NO **# of years in business** _____ **Jobs created** (including yours) _____

Name of business: _____

Which business Sector? (Check all that apply)

- Agriculture, Forestry, Mining & Oil and Gas Manufacturing Construction Trade Arts and Culture
- Professional Services Consumer Products Hospitality Technology (Information, Clean or Ocean)
- Import/Export Personal Care Please Define: _____

What is your business structure?

- Incorporated
- Sole Proprietor
- Partnership
- Co – Op
- Non–Profit Org
- Unknown

Names of Partners: _____

Is your business home-based? Yes No

Website: _____

ARTIST INFORMATION

What is the main focus of your art?

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Videography/filmmaking | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Photography | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Illustration | <input type="checkbox"/> Animation |
| <input type="checkbox"/> Music | <input type="checkbox"/> Fashion Design | <input type="checkbox"/> Acting |
| | <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Writing |

Do you have a website that showcases your art? (YouTube, Blog, Facebook, etc.)

Yes, please specify: _____ No

ADDITIONAL INFORMATION

I hereby declare that I am a resident of the Province of Quebec.

Have you been living in Quebec for less than 6 months? Yes No

If yes, where did you live? _____

Are you presently employed? No Yes – Please specify: **Full-Time** (over 30 hours)
Self-Employed **Part-Time** (under 30 hours)

Have you received Employment Insurance benefits and/or Social Assistance benefits at any time during the last 4 years? No Yes, If yes, specify _____

Highest Level of Education: (recognized in Canada)	High School	<input type="checkbox"/> Completed	Undergraduate	<input type="checkbox"/> Completed	<input type="checkbox"/> Unknown
	CEGEP (DEC)	<input type="checkbox"/> Completed	Masters	<input type="checkbox"/> Completed	
	Vocational Training (DEP)	<input type="checkbox"/> Completed	PhD	<input type="checkbox"/> Completed	

Your Field of Study: _____

How did you hear about YES?

- | | | | |
|--|--|-------------------------------------|--|
| <input type="checkbox"/> Word of Mouth (Friend/Relative) | <input type="checkbox"/> YES Program Booklet | <input type="checkbox"/> Article | <input type="checkbox"/> Radio |
| <input type="checkbox"/> YES Staff | <input type="checkbox"/> Gazette | <input type="checkbox"/> LinkedIn | <input type="checkbox"/> Community Listing |
| <input type="checkbox"/> YES Website | <input type="checkbox"/> CULT MTL | <input type="checkbox"/> Facebook | <input type="checkbox"/> Organization Referral |
| <input type="checkbox"/> YES Promotional Booth | <input type="checkbox"/> Newspaper AD | <input type="checkbox"/> Television | <input type="checkbox"/> Other |

NOTICE

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