



Government of the Republic of Trinidad and Tobago

Ministry of the People, Social Development and Family Services

National Social Development Programme
Sowing Empowerment through Entrepreneurial Development (SEED)

APPLICATION FORM

Region: _____

Ref. No. _____

(Please use block letters except otherwise indicated)

Part A- Client Information

Applicant: _____
Surname First Name Middle Name

Residential Address: _____

Telephone No. (Home) _____ Mobile No: _____

Gender: Male ☐ Female ☐ ID #: _____ Age: _____

Computer Literate: Yes ☐ No ☐

Nationality (Please Tick)

Citizen ☐ Resident ☐ Years of Residency _____ Other _____

Alternate Contact Name: _____ Alternate Contact No: _____

Relationship to Applicant: _____

Spouse/Next of Kin

Applicant: _____
Surname First Name Middle Name

Address: _____

Telephone No. (Home) _____ Mobile No: _____

Relationship with Ministry

A. Service (s) Accessed _____

B. Duration _____

C. Status Ongoing ☐ Completed ☐

Previous Access to Grant

Have you ever received a Micro Enterprise, Training & Development Grant? Yes ☐ No ☐

If Yes

a. When did you receive the Grant? _____

b. For what activity? _____

PART B – MINI-MICRO ENTERPRISE INFORMATION (BUSINESS)

TYPE OF BUSINESS

A. Amount applied for _____

B. REGISTRATION REQUIREMENTS

Food Service

If providing a food service, has registration as a food handler been attained.

Yes ☐ No ☐ Pending ☐ Other (please specify)

Date of issue: _____ Expiry Date _____

C. Status of Business (Tick one) New Business ☐ Existing/Ongoing Business ☐

D. Please give a brief description of the business, including size and scale:

E. Location of Business (N.B. for roving businesses e.g. landscaping, nuts/doubles vendor etc. state time of operation and routes.)

F. The product/service/customer market/potential customers:

G. How would you market/advertise your product/service:

PART C- SKILLS/QUALIFICATIONS ATTAINED

Skills/Qualifications	Name of Institution	Qualification Obtained	Length of Training	Experience

PART D – TRAINING GRANT**To be completed by person applying for Training Grant****COURSE INFORMATION**

Name of Institution _____

Address of Institution _____

Course Title _____

Brief Description /Course Content _____

Duration _____ Commencement Date ____/____/____
DD MM YY

Entry Requirements

(Applicants must attach a letter of acceptance and background information on the training institution e.g. brochure)

Level of Certification to be obtained _____

Reasons for Course Selection:

Type of product/service or employment to be derived after completion:

PART E – (TO BE COMPLETED BY APPLICANT AND WITNESS)

I hereby certify that the information given is correct and to the best of my knowledge:

NOTE TO APPLICANT:

The Ministry reserves the right to retrieve the goods/equipment if they are not kept in good order or used for a purpose not intended.

Signature of Applicant

Date

Signature of Witness

Date

FOR OFFICIAL USE ONLY**PART F – ASSESSMENT BY INVESTIGATING OFFICER****1. ASSESSMENT OF FEASIBILITY**

- A. Applicant's ability and potential for employment
(i.e. knowledge and skills, attitude, support system, physical and mental ability)

- B. Applicant's aptitude for business
(i.e. money management, marketing, customer service etc.)

2. SUMMARY AND RECOMMENDATIONS (include suitability of site for business)

Name and Position of Officer

Signature of Officer

Date

Supervisor/Regional Coordinator of Division

Date