



MINISTRY OF LABOUR AND SMALL AND
MICRO ENTERPRISE DEVELOPMENT

NATIONAL INTEGRATED BUSINESS INCUBATOR SYSTEM (IBIS)



APPLICATION FORM AND INSTRUCTIONS

This package contains all the information required for admission into IBIS. Please take a moment to fully read and understand all the details herein and ensure that all areas are completely and accurately filled out. Note that falsifying information can disqualify you from being selected into the programme.

ALL THE INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL.

ADMISSION REQUIREMENTS

The National Integrated Business Incubator System (IBIS) makes available its advantages, privileges and opportunities **to all Residents of Trinidad and Tobago.**

This application form must be completed and submitted to the NEDCO/ETTIC Centre specified.

The applicant must submit one (1) copy along with the original of the following documents:

- One form of identification such as National I.D. Card, Valid Passport or Valid Driver's License.
- The most recent Bill showing your name and address (e.g) Light Bill, Water Bill, Telephone Bill, Bank Statement or Cable Bill.
- Transcripts/certificates from secondary/technical/vocational/tertiary institutions, if any.
- Life Skills Training Certificate will be required for all candidates who have not completed secondary school education. This certificate is available from the Ministry of Science, Technology and Tertiary Education (MSTTE) through its affiliated programmes:
 - The Multi-Sector Skills Training Programme (MuST).
 - The On-the-Job Training Programme (OJT).
 - The Retraining Programme.
 - The Youth Training and Employment Partnership Programme (YTEPP).
 - **National Energy Skills Centre (NESC)**
 - **Metal Industries Company (MIC) Ltd.**

The applicant must submit the Original copy of the following documents:

- Two (2) recent recommendations – not more than six (6) months old. Recommendations must come from either a previous/present educational institution; a previous/present employer; a reputable person in your community who can attest to the applicant's character. Recommendations from family members or persons residing in your home will **NOT** be accepted.
- A Police Certificate of Character – not more than six (6) months old). (Receipt accepted but original must be presented within one month)
- **A basic Business Plan, if available.**

Please note: We will NOT keep your original documents. They are only for verification purposes.

Drop Completed Applications with Required Documents to one of the Following NEDCO/ETTIC Centres:

Port of Spain: 89 Queen Street & Chacon Street Tel: 821-5802, Fax: 625-7144

Arima: 22 King Street, Arima. Tel: 821-5810, Fax: 667-5395

Tunapuna: 135 Eastern Main Road Tel.: 821-5808 Fax: 662-1650

Sangre Grande: Lp#66, Eastern Main Road, Sangre Grande. Tel: 821-5806, Fax: 691-0707

Chaguanas: 93 Ramsaran Street Tel.: 821-5805 Fax: 672-6819

San Fernando: #13 Naparima Mayaro Road, Cocoyea Village, San Fernando. Tel: 821-5807, Fax: 653-7184

Princes Town: #3 Manahambre Road Tel.: 821-5809 Fax: 655-5277

Point Fortin: 26 Guapo Road Cap-De-Ville, Point Fortin. Tel: 821-5803, Fax: 646-3450

NATIONAL INTEGRATED BUSINESS INCUBATOR SYSTEM (IBIS)

PLEASE PRINT CLEARLY IN BLOCK LETTERS. CHECK WHERE APPROPRIATE

SECTION 1

DEMOGRAPHIC, CONTACT AND IDENTIFICATION INFORMATION

Last Name	First Name	Middle Name
Date of Birth	DD	MM
YYYY	Gender	
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Address	Telephone contact	
Number:	Mobile:	
Street:	Home:	
City:	Work:	
Country:	Other:	
Email address(es)		
National Identification Numbers		
Form of ID used (pick one): National ID /Drivers Permit/Passport: Number.....		
NIS Number (IF APPLICABLE):		BIR Number (IF APPLICABLE):
Emergency contact		
Name	Contact Number	Relationship
.....
How did you hear about IBIS?		
.....		

SECTION 2

EDUCATION & TRAINING

2.1	What is the highest level of education that you have attained?		
	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> Other		
2.2	Please list any other Certificates/Courses:		
2.3	Are you currently enrolled in any educational/vocational institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If 'yes' please state institution and programme of study:		
	Vocational Qualification/Training you have completed. _____		
2.4	Please list your vocational qualifications (if applicable):		
Programme/Subject	Training institution	Level(s) (1,2,3,4,5)	Standard (NEC, CVQ, TTNVQ)
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SECTION 3

EMPLOYMENT HISTORY

- 3.1 Are you currently employed? Yes No
- 3.2 Are you employed Full Time (FT)/Part Time (PT) FT PT
- 3.3 If you answered "yes" to the question above, do you have more than one job? Yes No
- 3.4 Are you employed Full Time (FT)/Part Time (PT) FT PT

3.5 Please explain the nature of your work experience.

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3.6 List and explain any other Skills and Abilities:

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3.7 References

Name	Telephone
Address	Place of work/Occupation

Name	Telephone
Address	Place of work/Occupation

SECTION 4

ONLY ANSWER THIS SECTION IF YOU ALREADY HAVE A BUSINESS

1. 4.1 Do you have an existing business? Yes No
2. 4.2 What is your business name?
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3. 4.3 Is your Business registered? Yes No
- 4.4 What is the structure of your business?
- Sole Trader (One person owning business and working alone) Limited Company Partnership
- Cooperative Other (specify)
4. 4.5 How long has your business been in operation?
- Less than 1 (one) year 1 -3 years 3-5 years More than 5 years
5. 4.6 Where is your business located?

SECTION 7

ALL INFORMATION IN THIS SECTION IS VOLUNTARY _____

The submission of information in this section is purely voluntary. The information will be used for both research purposes and to assist us to better serve you. The information will NOT be used to disqualify any applicant.

7.1 Marital status

Single Married Separated/Divorced Common Law

7.2 Ethnicity

African East Indian White/Caucasian Chinese Mixed Other

7.3 Disability

Do you have a disability? Yes No

If yes, do you need accommodations during the application for admission process? If yes, please describe the accommodations needed:

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7.4 Health

Do you have any serious medical conditions? Yes No

If this condition requires special accommodation or facilities, please specific what you will need.

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SECTION 8

STATEMENT OF VERACITY

The statements and information furnished by the undersigned in this application form are true and complete. The applicant's recommenders are permitted to release the applicant's information including conduct/discipline records, as well as any other pertinent information that may be required by IBIS for the purpose of admission.

Our signatures certify that we have read and agree with the above statements.

Signature of Applicant

Date:

BELOW - OFFICIAL USE ONLY

Signature of Incubator Manager

Signature of Board Member

Date:

Date: