



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:..... Street: ..... City: ..... Country: .....			Mobile: ..... Home: ..... Work: ..... 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				
<b>Name</b>	<b>Contact Number</b>	<b>Relationship</b>		
.....	.....	.....		
How did you hear about IBIS?				
.....				

**SECTION 2**

**EDUCATION & TRAINING**

2.1 What is the highest level of education that you have attained?

- Primary                       Secondary                       Tertiary                       Other

2.2 Please list any other Certificates/Courses:

.....

2.3 Are you currently enrolled in any educational/vocational institution?                       Yes                       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)
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**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:

.....  
.....  
.....

**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?  
.....

3. 4.3 Is your Business registered?  Yes  No

4. 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?  
 At home  Commercial property  No fixed location  Other

6. 4.7 Please give your business address (if applicable):  
.....

8. 4.7 In the property where you business is located, please indicate which is true.  
9.  I own the property  I rent the property  I use free facilities

10.	4.8	Are you willing to relocate or operate your business to another geographic location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If "No", please indicate why:		
11.	.....			
12.	4.9	How many people, including yourself, work in your business?	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
13.	4.10	In an average month, what are your sales?		
		<input type="checkbox"/> Under \$5000	<input type="checkbox"/> \$10,000 - \$15,000	<input type="checkbox"/> \$15,000 - \$20,000
		<input type="checkbox"/> \$50,000 - \$100,000	<input type="checkbox"/> More than \$100,000	<input type="checkbox"/> \$20,000 - \$50,000
14.	4.11	In an average month, how much money do you have after you've paid your bills and expenses? (Profit)		
		\$.....		
15.	4.12	In the last 12 months, have you invested in your business (bought new equipment, property, increased the number of employees)?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16.	Please state: .....			
17.	4.13	Are you aware of any reasons why your business may be unable to receive additional funding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18.				
19.	If 'yes', Please explain: .....			
	.....			
20.	4.14	Do you have any loans, liens, payment plans, hire purchase arrears etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	4.15	If your business has debt obligations, approximately how much do you pay per month?		
22.	(You may be asked to provide supporting documents).			
	4.16	Please describe the current activities of your business.		
23.	.....			
24.	.....			
25.	.....			
26.	.....			
27.	.....			
28.	.....			
29.	.....			
30.	.....			

31. 4.17 What are the most important problems that your business faces? Tick ONLY the top three (3).

32.  Attracting and keeping clients  Export/import of your product  Intellectual property issues

33.  Import taxes  Tax Compliance difficulties  Space/ inadequate location

Lack of finance/capital  Unable to source raw materials  Lack of information

Lack of business/ technical skill  Govt restrictions and regulations  Acquiring suitable employees

Research and up-to-date information

34.  Other, please specify .....

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4.18 What marketing media do you use?

Social media (e.g. Facebook/ Twitter/ Youtube)  Newspaper  Radio

Other online (including company website)  Television  None

Other, please state .....

35. **Now go to SECTION 6.**

**SECTION 5: ONLY COMPLETE THIS SECTION IF YOU DO NOT YET HAVE A BUSINESS**

36. 5.1 Do you have a Business idea?  Yes  No

37. 5.2 Do you have prior work experience in the area of your business idea?  Yes  No

38. 5.3 Do you have prior training in the area of your business idea?  Yes  No

39. **Now go to SECTION 6**

**SECTION 6: ALL APPLICANTS MUST ANSWER THIS SECTION**

40. 6.1 Please explain the concept of your Business Idea and state what makes it different from competitors or similar businesses.

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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:

.....

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: