

BLACK ADVISORY HUB ACCELERATOR PROGRAM Registration Form

General Information

First Name				Address			
Last Name				Apt			
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male				City			
Date of Birth	Month	Day	Year	Postal Code			

Contact Information (check primary contact)

Telephone (cell)	Telephone (work)
Email (personal)	Email (work)

Other Information

Source of income	<input type="checkbox"/> Employed	<input type="checkbox"/> Family Support	<input type="checkbox"/> Savings
	<input type="checkbox"/> Social Assistance	<input type="checkbox"/> Unemployed	
Referral source	<input type="checkbox"/> Airport	<input type="checkbox"/> Case Worker	<input type="checkbox"/> Children's Aid
	<input type="checkbox"/> College	<input type="checkbox"/> Community Partner	<input type="checkbox"/> Counsellor
	<input type="checkbox"/> Doctor	<input type="checkbox"/> Family	<input type="checkbox"/> Flyer
	<input type="checkbox"/> Friend	<input type="checkbox"/> Hospital	<input type="checkbox"/> Internal
	<input type="checkbox"/> Internet	<input type="checkbox"/> Job/Info Fair	<input type="checkbox"/> Legal Aid
	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Settlement Worker
	<input type="checkbox"/> University	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Other _____
Education	<input type="checkbox"/> College	<input type="checkbox"/> Elementary School	<input type="checkbox"/> High School
	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Trades	<input type="checkbox"/> University

What type of business are you interested in?	<input type="checkbox"/> Food/ Restaurant	<input type="checkbox"/> Consultant	<input type="checkbox"/> Pets
	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> App Development	<input type="checkbox"/> Healthcare
	<input type="checkbox"/> Fashion	<input type="checkbox"/> Websites	<input type="checkbox"/> Graphic Designing
	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Event Management	<input type="checkbox"/> Art & Photography
	<input type="checkbox"/> Fitness	<input type="checkbox"/> Import/ Export	<input type="checkbox"/> Beauty & Cosmetics
	<input type="checkbox"/> Technology	<input type="checkbox"/> Travel & Tourism	<input type="checkbox"/> Cleaning & Maintenance
	<input type="checkbox"/> Day Care	<input type="checkbox"/> Sports	<input type="checkbox"/> Other _____

Submit this FORM to: BAHmedia@casafoundation.ca

Kindly provide all answers to find the best solutions for you. LET us know you need assistance with your Business PLAN: Y/N-_____

Candidate Agreement

I, _____ agree to provide Casa Foundation my information.

Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Office Use

Dear Client:

At Casa Foundation, we value the trust of our clients and stakeholders, by ensuring all contact and communication with customers is conducted in a pleasant and respectful manner. Protecting your personal information is very important to us.

We strive to meet or exceed the goals of our customers. Casa Foundation is committed to protecting the privacy of the personal information of our clients and all stakeholders.

Our customers include clients, employers, funders and community partners and we are diligent in how we treat the information that you choose to share with us.

Information may also be used to generate reports, measure program activities or for the purposes of program evaluation. We only keep your most essential information that allows us to keep track of the services we provide you such as your name and email address and/or phone number.

Thank you.