



Application Form

This application form must be complete by **each** member of the group, as noted in the intake form. Completed forms and questions may be directed to Kaye Grant at communications@canadianworker.coop.

1) Project Name (same as on the intake form)

a) Name of the co-op project, if known:

b) If name not known, please give a brief title to the project:

2) Name

a) First Name: _____

b) Last Name: _____

c) Email: _____

d) Cell phone: _____ Other phone: _____

Please note which number is the primary number we should use to reach you.

3) Your pronouns: _____

4) Address

Street: _____

City: _____ Province: _____

Postal Code: _____

5) Level of education completed and field(s) of study:

6) Summary of your employment experience:

7) Current status:

Student – Full-time Part-time Not studying

Worker - Full-time Part-time Not employed

Self-employed worker

8) Self-Assessment Knowledge

Indicate your current level of knowledge for each of the statements below, using the indicated scale:

1) No knowledge	2) Basic Concepts	3) Good knowledge	4) High knowledge	5) Very high knowledge
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Operation of a cooperative

Writing a business plan

Managing a business

Financing of a business

Accounting

Financial management

9) How far along are you in the co-op development path?

We've got a great idea but not much else

We've brought people together and it seems there's a demand for this but we're not sure how to make it happen

We've crunched some numbers and are pretty sure we can make this happen

We've got a draft business plan, we know we can make it happen and all we need to do is incorporate

Other (describe below)

10) How would rate your knowledge of the co-op model on a scale of 1-10?

1. I know it's not a chicken coop, but not much else
- 2.
- 3.
- 4.
5. I'm familiar, know it's a type of business but don't know anything about setting one up
- 6.
- 7.
- 8.
- 9.
10. I'm an expert co-operator with loads of experience either setting up, working for or governing co-ops

11) Self-Assessment Competencies

On a scale of 1 to 10 (with 1 being lowest and 10 being highest), how well do you define yourself as:

1 2 3 4 5 6 7 8 9 10

Entrepreneur:

Manager:

Co-operator:

12) Indicate which **five** of the following entrepreneurial characteristics you feel you have in greatest measure.

Drive and energy

Moderate risk-taking nature

Self-confidence

Ability to deal productively with failure

Long-term involvement

Make good use of feedback

Sense that money is not the only goal

Can take initiative and seek personal responsibility

Problem-solving abilities

Know how to use resources

Ability to set goals

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Are master of your own fate

Have a high need for achievement

Are tolerant of ambiguity and uncertainty

Profit orientation

Have independence and individuality

Persistence, perseverance, determination

Are optimistic

Integrity

Are innovative and creative

Foresight perspective

Have the ability to get along well with others

Love of challenge

Have flexibility

13) Have you ever owned a business before? If so, what type was it, how long did you run it and what happened to it?

14) What do you think is your group's greatest strength?

15) What do you think is the group's greatest weakness?

16) Why are you interested in forming a worker co-op to create this business?

17) Why do you wish to participate in the Worker Co-op Academy?

One goal of the Worker Co-op Academy is to support the development of worker co-ops involving women, non-binary people, racialized people, and people under 40 years of age. The following questions are optional but would enable us to identify such groups. Please check all that apply to you.

Male

Female

Non-binary

Under 30

Between 30 and 40

Over 40

Racialized (BIPOC)

Are you a member of any other demographic group that you wish to mention?

The CWCF guarantees that your data will remain confidential, although you may wish to share it among your group members.

This information will only be used for identification purposes, communications and statistical portraits.

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