

## **Intake Form**

This form must be completed by each group. Please submit the completed form or questions to Kaye Grant at <a href="mailto:Communications@canadianworker.coop">Communications@canadianworker.coop</a>.

1)	Project Name  a) Name of the co-op project, if known:	
b)	If name not known, please give a brief title to the	e project:
2)	Who is the main contact for the intake process?  a) First Name:	
	b) Last Name:	
	c) Email:	
	d) Telephone:	
3)	projects need at least three members to qualify, participants in the program. Each member is also	
Me	lember 1:	Email:
Me	lember 2:	Email:
Μe	lember 3:	Email:
Me	lember 4:	Email:
Me	lember 5:	Email:
Me	lember 6:	Email:
4)	Description of the enterprise:	

Intake Form 1

a) What is the description of the product or service?

5)	Ple	ase describe the skills and expertise that each of the group members bring to the co-op.
		Other type; specify:
		Multi-stakeholder co-operative with substantial worker control
		Worker co-operative
	i)	What type of enterprise does your group plan to create?
	h)	Why do you think this co-op will be successful?
	g)	What risk or critical factors do you think may affect your co-op in the first year?
	f)	How do you expect to finance your start-up?
	e)	What skills and expertise are needed for this co-op?
	۵۱	What skills and expertise are needed for this so on?
	d)	Who will be your competitors?
	c)	Who do you think will be your target market or customer?
	b)	In what city and province will your co-op be located?

Intake Form 2

6) Which two of the following factors do you think would be most important to the success or failure of your co-op? **Changing Government regulations** Your family and the other members' families Changing consumer behaviours Increasing competition Resources available to you Yourself and the other members Please explain. 7) How did you find out about the Worker Co-op Academy? 8) Is your group requesting a bursary? If so, please provide a brief rationale.

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