# **THRIVE OXFORD PROGRAM APPLICATION- WINTER INTAKE**

Please submit this application by January 30 at 4:30pm to be considered for the WINTER Thrive Oxford program cohort.

We highly recommend reading the program eligibility guidelines as well as mandatory program training dates before submitting an application. Program information can be found at [www.cfoxford.ca/thriveoxford](http://www.cfoxford.ca/thriveoxford)

Please submit your application to the following address using the subject line “thrive application”.

Lindsay Wilson

lwilson@cfoxford.ca

519-532-6141

## **Personal and Contact Information**

**Name (first and last):** Click or tap here to enter text.

**Home address:** Click or tap here to enter text.

**Contact phone:** Click or tap here to enter text.

**Contact e-mail:** Click or tap here to enter text.

**Business Name:** Click or tap here to enter text.

**Date of business registration:** Click or tap to enter a date.

**Business Structure:** Choose an item.

**Business Website:** Click or tap here to enter text.

**Business address:** Click or tap here to enter text.

**Number of employees:** Click or tap here to enter text.

**Do you currently work in the business?** Choose an item.

**What percentage of this business do you own?** Click or tap here to enter text.

## **Business Development Goals**

**How do you plan to expand or grow your business in the coming months? Please be as specific as possible and include and relevant targets or milestones.**

Click or tap here to enter text.

**Please describe how this program would help you to start or expand your business. Be specific about your goals and how the program would help you achieve them.**

Click or tap here to enter text.

**How much funding would you require to achieve these goals?**

*Note: A focus of this program will be helping women entrepreneurs get access to the capital they need to succeed. The amount of funding needed will not weight your application, but simply gives an understanding of the size of projects accepted into the program.*

[ ]  I have already secured the funding required.

[ ] Under $5,000

[ ]  $5,000-15,000

[ ]  $15,000-50,000

[ ]  $50,000-150,000

[ ]  $150,000-350,000

[ ]  More than $350,000

## **Sustainable Aspirations**

Please use this space to share how you would like to make sustainable choices in your business. Please note that you don't necessarily need to know HOW you would achieve them (that's what the program is for!), but be clear about what you have already done and/or the direction you would like to go in the future.

**Please describe any sustainable products, decisions or philosophy you have already practice in your business.**

Click or tap here to enter text.

**COMMUNITY related aspirations** (These are goals that relate to community and the people in it. This could include equality, poverty reduction, food security, etc.)

Click or tap here to enter text.

**ENVIRONMENT related aspirations** (These are goals that relate to the use of resources which could include circular economy, emissions reduction targets, upcycling, etc. Please note that it should not include any environmental assessment you are already regulated to complete, but those which you are choosing to implement.)

Click or tap here to enter text.

**OTHER aspirations** (for anything that doesn’t fit neatly above. This could include transparent business practices or offering a living wage to employees, etc.)

Click or tap here to enter text.

**Are you committed to incorporating formal procedures into your business in order to become more sustainable? A formal procedure could include a certification, policy change or impact measurement tool.**

[ ] YES [ ] NO [ ]  Other: Click or tap here to enter text.

## **Personal Development**

**What are your most pressing challenges as a business owner?**

[ ]  Securing funding

[ ]  Finding adequate space to grow my business

[ ]  Marketing

[ ]  Hiring/finding the rights employees

[ ]  Personal obstacles (confidence, time management, etc.)

[ ]  Finding and/or making the right connections

[ ]  Effectively scaling/expanding my business/knowing how to grow faster

[ ]  Other: Click or tap here to enter text.

**What does this program need to provide or consider in order to meet your needs personally?**

Click or tap here to enter text.

**Is there anything else you’d like us to know?**

Click or tap here to enter text.

**Do you foresee any challenges with committing the time necessary to participate in this program? Please describe.**

Click or tap here to enter text.