



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:.....  |                |              | Mobile: .....                     |   |  |
| Street: .....   |                |              | Home: .....                       |   |  |
| City: .....   |                |              | Work: .....                       |   |  |
| Country:.....   |                |              | 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   |                |              |                                   |   |  |
| Name  | Contact Number | Relationship |                                   |   |  |
| .....   | .....          | .....        |                                   |   |  |
| How did you hear about IBIS?  |                |              |                                   |   |  |
| .....   |                |              |                                   |   |  |



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**

4.1 Do you have an existing business?  Yes  No

4.2 What is your business name?  
.....

4.3 Is your Business registered?  Yes  No

4.4 What is the structure of your business?

- Sole Trader (One person owning business and working alone)  Limited Company  Partnership  
 Cooperative  Other (specify)

4.5 How long has your business been in operation?

- Less than 1 (one) year  1 -3 years  3-5 years  More than 5 years

4.6 Where is your business located?

- At home  Commercial property  No fixed location  Other

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

4.7 In the property where you business is located, please indicate which is true.

- I own the property  I rent the property  I use free facilities



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

- Attracting and keeping clients
- Import taxes
- Lack of finance/capital
- Lack of business/ technical skill
- Research and up-to-date information
- Other, please specify .....
- Export/import of your product
- Tax Compliance difficulties
- Unable to source raw materials
- Govt restrictions and regulations
- Intellectual property issues
- Space/ inadequate location
- Lack of information
- Acquiring suitable employees

4.18 What marketing media do you use?

- Social media (e.g. Facebook/ Twitter/ Youtube)
- Other online (including company website)
- Other, please state .....
- Newspaper
- Television
- Radio
- None

**Now go to SECTION 6.**

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

- 5.1 Do you have a Business idea?  Yes  No
- 5.2 Do you have prior work experience in the area of your business idea?  Yes  No
- 5.3 Do you have prior training in the area of your business idea?  Yes  No

**Now go to SECTION 6**

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

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

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....





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.

.....

**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: