

Self Employment Benefit Program Participant Monthly Report

Please note: As a participant in the Self Employment Benefit Program you are required to complete this report on a monthly basis. The completed report must be signed and delivered to CBDC Hants-Kings no later than the 10th of the month. Failure to do so may affect your entitlement to Self Employment Benefits.

Name: _____ SIN _____ Report covers the Month of: _____, 20____.

Business Name: _____ Main Product or Service: _____

Please record your activities and total number of hours worked for each week of the month. Please note if the week is less than 7 days.

Week	Number of Hours Worked this Week	Tasks Accomplished, Networking, Workshops Attended, Meeting(s) with Business Counsellor, etc.
1 (__ day week)		
2 (__ day week)		
3 (__ day week)		
4 (__ day week)		
5 (__ day week)		

1. Were you satisfied with your business activity this month? Yes No Why ?

2. What are your goals / action items for next month?

3. Please summarize the financial results of your activities for the past month:

	Actual	Projected (as per business plan, if completed)
Sales	\$	\$
Expenses	\$	\$
Net Profit / Loss	\$	\$

4. Please give your analysis if projections differed from actual figures:

5. What assistance do you need to help in the progress of your business?

Counsellor Comments **(To Be Completed by Staff of your SEB Service Provider)**

Monthly Report Submitted on Time		# Weeks on Program to Date	Meeting 35 hours / Week Commitment		Meeting Bus. Plan Development Targets		# of Workshops Completed this Month	Attended Monthly Facilitator Meetings	
Yes	No		Yes	No	Yes	No		Yes	No

Client Signature (if sent by mail) _____ Date _____ Counsellor Signature _____ Date _____	Other Counsellor Notes- _____ _____ _____
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