



Tsuts'weye
WOMEN'S ENTREPRENEUR
and
INNOVATION NETWORK

Client Intake Form

Name (PRINT Clearly): _____

Company/Organization: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home #: _____ Work #: _____ Cell #: _____

E-mail Address: _____

Please provide a brief description of your products/service:

What stage is your business?

- Thought/Idea
- Start-Up
- Growth
- Mature
- Retired

How long has you owned and operated this business?

- 0 (new business in concept or Start-Up phase)
- 0-2 (Start-Up)
- 2-5 (Growth)
- More than 5 years? _____ Yrs

What type of business do you run?

- Sole proprietor
- Partnership
- Corporation
- Other: _____



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What are the most significant challenges do you face as a female entrepreneur in the Shuswap?

- Networking/Mentorship
- Marketing
- Finance and Accounting
- Human Resource Management
- Funding/Access to Capital
- Product or Service Development
- Other: (please specify) _____

What is the most pressing or urgent need you are facing as female entrepreneur in the Shuswap?

Do you have any other comments and/or concerns?

- Would you like to be added to our email list for future events & updates? YES or NO
- How did you hear about this project?
- What is your availability schedule?: Mon Tues Wed Thurs Fri
TIME: _____ Preference: AM PM

**Please send completed intake form to shuswapmentor@gmail.com

“Building skills, knowledge, networks for female entrepreneurs in the Shuswap.”



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For more information: www.tsutsweye.ca

- *To make an appointment with a Consultant/Mentor:*
Caroline Grover, Entrepreneur in Residence
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- *For general program questions:*
Carmen Massey, Project Manager
cmassey@tsutsweye.ca, 250-804-3466
- *For Indigenous, Diversity or Accessibility inquiries:*
Julie John, Diversity Coordinator
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