

**Box Hill Business
Enterprise Centre**
Elgar Campus Building 8, Level 2
456-468 Elgar Road, Box Hill 3128
(Private Bag 2014)
Phone: 8892 2008 or 8892 2002

NEIS Application Form

NAME:JOBSEEKER ID:..... CRN:.....

ADDRESS:

..... POST CODE:

PHONE NUMBER:MOBILE NUMBER:

EMAIL ADDRESS:

BENEFIT TYPE:.....

REGISTERED CENTRELINK OFFICE:CONTACT NAME:

JOB SERVICES AUSTRALIA:..... CONTACT NAME: FAX:.....

DATE OF BIRTH: ARE YOU AN UNDISCHARGED BANKRUPT? YES / NO

WILL ANYONE ELSE JOIN YOU IN THE BUSINESS (EG SPOUSE)? IF SO, THEIR DETAILS ARE:

NAME:.....JOBSEEKER ID:.....

ADDRESS:.....

..... POST CODE:.....

PHONE NUMBER:MOBILE NUMBER:

EMAIL ADDRESS:

BENEFIT TYPE:.....

REGISTERED CENTRELINK OFFICE:CONTACT NAME:

JOB SERVICES AUSTRALIA:.....CONTACT NAME: FAX:.....

DATE OF BIRTH: ARE YOU AN UNDISCHARGED BANKRUPT? YES / NO



INSTITUTE

Global Educators

Melbourne - Australia

BUSINESS DETAILS

1. What is your business idea

.....
.....
.....

Describe products / Services. How will these be unique?

.....
.....

2. Who do you expect to buy product/service?

.....
.....
.....

3. Please provide evidence of contacts that you have made with any potential customers (Attach any supporting documents)

.....
.....

Can you demonstrate a demand for your Product / Service ?

.....
.....

4. Who, if anyone, supplies this product/service now?

.....
.....

5. If applicable, where will you buy your product/raw material? Please provide details of your proposed suppliers.

.....
.....
.....

6. What price will you charge for your product/service and how have you calculated it?

.....
.....

A member of Greater Melbourne Employment and Training Services



7. What price do your competitors charge? \$ _____ (per Unit /Hour)

8. Which location will your business operate from?
 Home / Leased Premises / Other.....
 Please provide details of location
 Council permit required Yes / No

9. Describe the equipment that you will need for the business

a) Already owned by you:

.....

.....

.....

b) Need to buy or lease

.....

.....

FINANCING YOUR BUSINESS

10. How much money do you believe you need to start your business? \$.....
 NEIS does not provide seed funding; Where will you obtain these funds from?

SOURCE	AMOUNT
Own Savings	\$
Bank	\$
Other Lending Organisations	\$
Family/ Friends	\$
Other _____	\$
TOTAL	\$

11. Apart from yourself, please indicate who else will be involved with the business (eg spouse, father, daughter, friend, business associate, etc).

.....

.....

12. Who have you spoken to about your business idea?

.....
.....

13. When do you propose to commence trading and why?

.....
.....

PERSONAL ATTRIBUTES

14. Please provide details of the experience and qualifications you have which will be relevant to your business idea :

.....
.....

15. Do you have any previous experience in running a small business?

.....

16. Why do you wish to commence your business?

.....

17. What skills and personal/business qualities will you bring to the business?

.....
.....
.....

18. Why do you believe you will be successful?

.....

19. Have you commenced a business through NEIS before? Yes No

20. If yes, when, with whom and what type of business was it?

.....

21. Do you wish to apply for a Credit Transfer? Yes No
22. Do you wish to apply for Recognition of Prior Learning? Yes No
23. **If you have answered Yes to either Question 21 or 22 you will need to complete the application form & provide evidence 2 weeks prior to the NEIS program commencing**

I/We agree that the above information is true and accurate to the best of our knowledge, and should circumstances change or I/we become aware of information that conflicts with the above we will advise the Box Hill Business Enterprise within 5 working days.

I/We agree that I/we are available for full time training as part of the NEIS training program and that failing to attend training may jeopardise our benefits with Centrelink and eligibility for the NEIS program. We also agree that all information provided by other participants during the training program is strictly confidential and therefore agree not to use or disclose it to a third party for any reason.

The Box Hill Business Enterprise Centre and the Box Hill Institute, will make every effort to provide support and information through its consulting and advisory services that is true, accurate, on a gratuitous basis and on the understanding that neither the Department of Employment Workplace Relations or Box Hill Business Enterprise Centre and the Box Hill Institute, its Managers, Employees, Consultants, Trainers, Mentors or Volunteers are responsible for any liability or loss resulting from any of their actions, recommendations or advice, or any failure to take action, make recommendations or give advice.

The Department of Employment Workplace Relations, Box Hill Business Enterprise Centre and the Box Hill Institute, its Managers, Employees, Consultants, Trainers, Mentors or Volunteers hereby expressly disclaim all and any liability whatsoever, to the full extent allowed by law to any person arising out of or connected in any way to the services provided by each and any of them, including any liability for negligence.

I/We have read, understand and agree to be bound by the above.

I/We have been advised of all Registered Training Organisations delivering the NEIS training program in my Employment Service Area and wish to undertake the training at the Box Hill Institute location indicated below:

- | | | |
|--|--|--|
| <input type="checkbox"/> Box Hill | <input type="checkbox"/> Ferntree Gully | <input type="checkbox"/> Doncaster |
| <input type="checkbox"/> Heidelberg | <input type="checkbox"/> Croydon | <input type="checkbox"/> Lilydale |
| <input type="checkbox"/> Northcote | <input type="checkbox"/> Glen Waverley | <input type="checkbox"/> Whittlesea |
| <input type="checkbox"/> Yea | | |

All participants must sign before submitting the form

Signed: _____ Date: _____

Signed: _____ Date: _____

Certificate III in Micro Business Operation ◇

Certificate IV in Small Business Management ◇

Recommended : NEIS Officer

**PLEASE ENSURE ALL SECTIONS OF THE
APPLICATION FORM ARE
COMPLETED AND RETURN THE FORM TO:**

**Box Hill Business Enterprise Centre
Elgar Campus
Building 8, Level 2
Box Hill Institute
456-468 Elgar Road
(Private Bag 2014)
Box Hill 3128**

**Phone: 8892 2008 or 8892 2002
bec@bhtafe.edu.au**

PRIVACY CLAUSE — The Institute is required to comply with the federal and state privacy regimes. The information you have provided to the Institute will be used, where applicable, for the purposes of assessing your application, accepting your enrolment, processing and advising you of your assessment results and other communications to you as required. Where you have been asked to provide us with a unique identifier of another organisation, we will only use this identifier for the purposes to which you have consented or for which we may use it as authorised by law. A condition of your application, enrolment, is that you consent to the release of your results or statement of progress to your employer, sponsoring organisations or government agencies where appropriate. We also provide information to various government agencies that is relevant to government funded targeted welfare or educational services.

You can request access to your personal information by writing to the Registrar or by sending an email to privacy@bhtafe.edu.au. If you do not wish to provide the requested information, this may restrict the range of services and educational programs that the Institute can offer you.

MB

29/05/02

A member of Greater Melbourne Employment and Training Services