## **BEC**@Kangan

#### **NEIS APPLICATION**

The following lists criteria used to assess applications. Attach photocopies of any supporting documentation to this application and submit using one of the following methods to apply: Email to bec@kangan.edu.au Mail to BEC Office, 38 Buckley Street, ESSENDON VIC 3040 If you require further assistance please contact the office on 9094 3008. Evidence of satisfaction of the legal requirements (licences, council permits, etc.) for your business; Evidence of the availability of any funds you might need to start the business (eg. bank statement, loan statement, letter from investor); Evidence of experience (e.g. qualifications, resume, references, photographs of products); Evidence of existing customers or demand for your product or service (e.g. testimonials from customers, paid invoices, pending jobs). Note: attach extra pages to application form where there is insufficient space to answer the questions. Name of Applicant(s): (Note: where there are a number of applicants, each applicant is required to complete the last page of this application form - titled 'Personal Information') **Proposed Business Address:** Suburb: Postcode: Preferred Training Locations (Please mark preference 1 or 2). Ballarat Richmond Melton **Bendigo** Essendon Have you attended an interview at an information session? Yes No Have you received NEIS allowance previously? Yes No

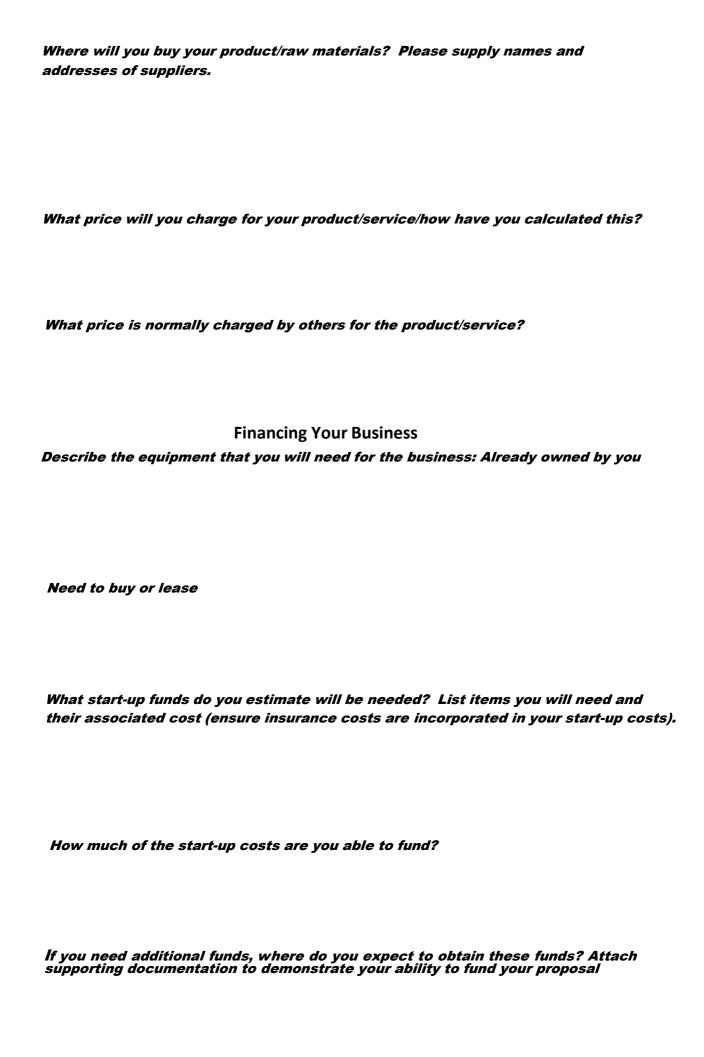
If YES How long ago?

What was the nature of the business?

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## **Business Details**

Briefly define the nature of the business you propose to start.
List the products/services you will offer for sale.
What legal requirements relate to your business operation? List these requirements and state whether you currently meet these requirements.
What stage of development is your intended business at currently? Is your product or service ready for sale now? Explain your answer.
If your intended business is web based, is it dependent on the development of a website before it can trade? If so explain what stage of the process this is at.  If other sites will be used state which ones.
Who do you anticipate will be the main customer purchasing your product/service?
Who if anyone supplies this product/service now?



# **Potential Demand**

The following questions are vital.
(Provide detail on any market testing conducted and why you consider your business idea is potentially viable. Attach evidence of work paid for, products sold, bookings made, etc.)
Detail any research conducted?(e.g. questionnaires, online information, discussions with industry etc.)
Market testing - paid and unpaid (eg sales, orders, bookings, market stalls, online sales, sales to family and friends, consignment, freelancing, etc.)
Attach a detailed list of all activities.
Your Skills, Abilities and Ambitions
What are the main skills and attributes that you will bring to your business?
Do you have any previous experience of starting up a business venture? Please give details

Do you require individualized assistance to complete the course e.g. reading,									
writing, , or any other form of assistance	Yes		No 🗌						
Please outline your needs:									
Digital Capabilities									
Do you use digital technologies?	Yes		No 🗌						
Do you have access to a desktop/laptop/notebook outside BKI ?	Yes		No 🗌						
Have you used the following?									
Internet	Yes	s 🗌	No 🗌						
Microsoft Office	Yes	;	No 🗌						
Insurance:									
Insurance:									
There is a requirement that at the commencement date of the commencemen			•						
appropriate insurance cover for your business is undertaked may be a reason why you could have difficulty in securing I	_								
respond and we can contact you to discuss.		10.,,	<i>yau</i> _						
I may have difficulty in securing appropriate insurance	Yes	;	No 🗌						
INDEMNITY STATEMENT									
Kangan Institute makes available its consulting and advisory services on the undinstitute, its Executive Office, staff or volunteers, nor any of the members of Karfor any liability or loss resulting from any of their actions, recommendations or a action, make recommendations or give advice. Kangan Institute, its Executive O the members of Kangan Institute hereby expressly disclaim all and any liability wallowed by law to any person arising out of or connected in any way to the service them, including any liability for negligence.  I/we have read, understand and agree to be bound by this disclaimer.	ngan Inst advice, o Office, sta whatsoev	titute are or any failu aff and vo ver, to the	e responsible lure to take olunteers and e full extent						
I/we have read, understand and agree to be bound by this disciding.									
Signed: Date: _									

#### To be completed by applicant

1.	What is your title and name?				<ol><li>Your JobSeeker ID number if registered with Centrelink.</li></ol>										
	Title Surname (fa	amily name)			П										
	First given name	Other given names 11. Type of Centrelink Allowance ( if applicable?)													
2.	What is your date of bir	th?		<u></u>	_										
3.	What is your home add Number and street	12 _	12. Centrelink office you are registered with (if applicable)?												
	Suburb or town	State	Postcode	13	. Detai	ls of y	your	· Job	activ	e Pro	vider	if reg	jister	ed	
	Home telephone M	obile teleph	one	] A	AME: DDRESS:										
	Email			<b>_</b>	н:										
4.	What is your postal add			s	ignatu	re of	appl	ican	t				Da	ate	
	Number and street or F	P.O. Box		, <u>L</u>											
						O	==	CE	US	E 0	NLY				
	Suburb or town	State	Postcode	1.	Does	ESS	conf	irm b	asic .	Job S	eeker	eligib	ility?		
5.	<ol> <li>Are you an undischarged bankrupt?</li> <li>No ☐ Yes ☐</li> </ol>				No [	_		s □ eeke	r mee	et part	ticipar	nt and			
6.					busine										
	No ☐ go to 8														
	Yes  Was it with	in the last tv	velve months?						GRA	MET	S				
	No ☐ Yes ☐	go to 7	,		Main	Office	e – 3	8 Bu	ckley	Stree	et, Ess	endo	n 304	10	
7.					Name	e:									
	business in this applica No Yes	tion?			Signa	ature							Dat	te	
8.	8. Will you be available to work full time in the business?  No Yes														
9.	Provide full names of NEIS business partners other than yo (including your spouse) applying for NEIS assistance.				Strea	m/Ca	tego	ry:							

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