

EXPLORING BEING MY OWN BOSS
Business Idea Evaluation Form

It is important to provide the following information to the best of your ability. As not all applicants are at the same stage in the development of their business idea, do not be concerned if your answers are not yet fully researched. Answer the questions as completely as you can. Please contact us if you have any questions or if you would like some assistance in completing this form. Our staff will be pleased to help you.

1. PARTICIPANT DETAILS

Surname _____ First Name _____

Address: _____ Suburb: _____ Post code _____

Telephone Number (____) _____ Mobile Number _____

Date of Birth ____/____/____ Centrelink job seeker ID (if applicable) _____

Email: _____

WHAT IS YOUR SKILL SET, EXPERIENCE and EDUCATION:

List Certificates and Licences:

2. DO YOU HAVE A BUSINESS IDEA? YES NO

IF YES, PROCEED BELOW:
Your Business Idea:

Describe the business you propose to start. Think about who, what, when, where, why and how for your business idea.

a) WHO will be involved?

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b) WHAT is your business and services?

c) WHY are you interested in starting your own business?

d) WHAT are you passionate about?

Think about why you want to own your own business. Using 1 for the most important reason and 6 for the least important, indicate below from 1 – 6 your personal reasons for wanting to own and operate a small business. (tick below)

- To be your own boss..... (__)
- To work at what you like doing (__)
- To make more than paid wages (__)
- To capitalise on a special talent or idea (__)
- Options for employment are limited (__)
- Other (indicate) (__)

Are you or any proposed partner in your business, an undischarged bankrupt?

- Yes No

Have you or your partner received NEIS Allowance in the last three years?

- Yes: Date: _____ No

Jobactive provider name (if applicable): _____

Address: _____ Ph: _____

I have answered the questions in this Business Idea Evaluation Form to the best of my/our ability and confirm that all information contained herein is true to the best of my/our knowledge. I/We understand that all information supplied on this Form is to be held in confidence by NetGain employees and/or their representatives.

Applicant's Signature : _____

Date: _____

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