



- ☐ Exploring Being My Own Boss Workshop
- ☐ BSB30315 Certificate III in Micro Business Operations
- ☐ BSB42618 Certificate IV in New Small Business

Office Use Only:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West
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Application Form for

- ☐ **Exploring Being My Own Boss Workshop**
- ☐ **BSB30315 Certificate III in Micro Business Operations**
- ☐ **BSB42618 Certificate IV in New Small Business**

CHECKLIST:

Please tick this checklist before sending your application, I have:

- ☐ *Attended an information session*
- ☐ *Attached NEIS Application Form (Australian Government)*
- ☐ *Attached photo identification*
- ☐ *Attached resume*

Sydney Business has provided assistance to small business for over 20 years.

Area Covered:

Sydney North and West | Sydney Greater West
Sydney East Metro | Sydney South West

Chatswood (Head Office)

Address: Suite 404, Level 4, 7 Help Street
Chatswood NSW 2067

Phone: (02) 9415 2630 | 1800 6347 72 (NEIS SB)

Fax : (02) 9415 2624

Email : apply@sydneybusiness.org.au

Web : www.sydneybusiness.org.au

Liverpool

Address: Office 1, 14B Mill Road
Liverpool NSW 2170

Phone: (02) 9415 2630 | 1800 6347 72 (NEIS SB)

Email : apply@sydneybusiness.org.au

Parramatta

Address: Suite 1, Level 1, 20 Wentworth Street
Parramatta NSW 2150

Phone: (02) 9415 2630 | 1800 6347 72 (NEIS SB)

Email : apply@sydneybusiness.org.au

Redfern

Address: Shop Front, 116 Lawson Street
Redfern NSW 2016

Phone: (02) 9415 2630 | 1800 6347 72 (NEIS SB)

Email : apply@sydneybusiness.org.au

Name

Job Seeker ID

Unique Student Identifier (USI)
(eg. 3AW88TH9U5)

Phone Number

Email

Business Partner's Name
(if applicable)

PART A: YOUR Personal Details – YOU MUST ATTACH YOUR RESUME/CV

Title	Given Name	Surname
Date of Birth	/ /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Are you an undischarged bankrupt?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously received NEIS allowance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive a payment from the Department of Human Services or the Department of Veteran's Affairs?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an Australian citizen or permanent resident?		<input type="checkbox"/> Yes - Australian Citizen <input type="checkbox"/> Yes - Australian Permanent Resident <input type="checkbox"/> No
Are you currently Employed?		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Not Employed
Are you currently in Education or Training?		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Studying
Drivers licence number		
Current Australian passport number		
Home Phone:	Mobile Phone:	
Email Address:		
Physical Address:		
Postal Address: (if different to physical address)		

Your Personal Details (Continued...)

A.1. Language and cultural diversity			
<i>a. Country of Birth</i>		<i>b. Primary Language spoken at home</i>	
<i>c. How well do you speak English?</i>		<input type="checkbox"/> 1 – Very well <input type="checkbox"/> 2 – Well	<input type="checkbox"/> 3 – Not well <input type="checkbox"/> 4 – Not well at all
<i>d. Are you of Aboriginal or Torres Strait Islander Origin?</i>		<input type="checkbox"/> Yes – Aboriginal <input type="checkbox"/> Yes – Torres Strait Islander <input type="checkbox"/> No	

A.2. Disability, impairment or long-term condition

- a. Do you consider yourself to have a disability, impairment or long-term condition? ☐ Yes ☐ No – go to A.3.
- b. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:
- (You may indicate more than one area, Please refer to Attachment A for further explanation)
- | | |
|---|--|
| <input type="checkbox"/> Hearing / deaf | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mental illness | |

A.3. Schooling

- a. What is your highest COMPLETED school level? (Tick ONE box only)
- | |
|---|
| <input type="checkbox"/> Year 12 or equivalent |
| <input type="checkbox"/> Year 11 or equivalent |
| <input type="checkbox"/> Year 10 or equivalent |
| <input type="checkbox"/> Year 9 or equivalent |
| <input type="checkbox"/> Year 8 or below |
| <input type="checkbox"/> Never attended school – go to A.4. |

A.4. Previous qualifications achieved

- a. Have you SUCCESSFULLY completed any of the following qualifications? ☐ Yes ☐ No – go to A.5.
- b. If YES, then tick ANY applicable boxes.
- | |
|---|
| <input type="checkbox"/> Bachelor degree or higher degree |
| <input type="checkbox"/> Advanced diploma or associate degree |
| <input type="checkbox"/> Diploma (or associate diploma) |
| <input type="checkbox"/> Certificate IV (or advanced certificate / technician) |
| <input type="checkbox"/> Certificate III (or trade certificate) |
| <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above) |

A.5. Employment

- a. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)
- | |
|--|
| <input type="checkbox"/> Full-time employee |
| <input type="checkbox"/> Part-time employee |
| <input type="checkbox"/> Self-employed – not employing others |
| <input type="checkbox"/> Self-employed – employing others |
| <input type="checkbox"/> Employer – unpaid worker in a family business |
| <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Unemployed – seeking part-time work |
| <input type="checkbox"/> Not employed – not seeking employment |

A.6. Study reason

- a. Of the following categories, which BEST describes your main reason for undertaking this course?
- | |
|---|
| <input type="checkbox"/> To get a job |
| <input type="checkbox"/> To develop my existing business |
| <input type="checkbox"/> To start my own business |
| <input type="checkbox"/> To try for a different career |
| <input type="checkbox"/> To get a better job or promotion |
| <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To get skills for community/voluntary work |
| <input type="checkbox"/> Other reasons |

PART B: **BUSINESS DESCRIPTION**

B.1. Type of business *(Please refer to Attachment B for Businesses not suitable for NEIS)*

B.2. Proposed commencement date

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B.3. Where will you operate the business from?

- ☐ Home
☐ Leased / Rented Premises

B.4. Have you begun to test the business idea?

- ☐ Yes ☐ No

B.5. Have you already started trading on a commercial basis?

- ☐ Yes ☐ No

B.6. Do you require any of the following to commence and operate the proposed business?

- If yes, please indicate whether you already have the licence or NOT.
- If you DO NOT have the necessary licence/(s), please indicate if you are in the process of obtaining or what the current situation is.
- Contact NSW Fair Trading on 13 32 20 or visit <http://ablis.business.gov.au/> to find out what licence/(s) you require for your particular business.

Details	Do you need: (YES/NO)	Do you have: (YES/NO)	If NO, please give full details of current situation including any costs involved or any documentation you need to obtain to process.
Australian Business Number (ABN)			
Business Name Registration			
Contractor's Licence			
Driver's Licence			
Council Approval			
Lease of Premises			
Qualification			
Membership of association			
Working with Children Check			
Police Check			
Others:			

B.7. What skills, training or relevant work experience do you have which could be used in running your proposed business? You must provide a certified copy of your **qualifications** and **resume**.

B.8. WHO are your suppliers for the product(s)? (Please provide evidence of your suppliers – you must have more than one supplier)

B.9. Please provide adequate evidence and research material to demonstrate that there is either a niche or an unmet demand for your product or service.

PART C: START UP COSTS

C.1. Do you have adequate equipment and resources? Please attach proof i.e. photos

C.2. If you need to borrow an amount to finance your business you must provide a letter from the lender to confirm that the funding is available.

- a. What are your start-up costs (including insurance)?
- b. Source of finance
- c. What types of insurances do you need? (e.g. public liability, professional indemnity)
- d. Do you have sufficient finance to start the business? Please attach proof of finance

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☐ Yes ☐ No ☐ N/A

PART D: THE MARKET

D.1. Who are your major customers?

D.2. Why will customers purchase your products / services?

D.3. Who and where are your major competitors? Please detail.

D.4. How will you promote and sell your products / services?

D.5. What prices will you charge? (Do you have a price list or what is your hourly rate?)

PART E: ASSESSMENT PLAN

E.1. Do you want to claim Recognition of Prior Learning (RPL)?	<input type="checkbox"/> Yes, please send me an RPL kit via email <input type="checkbox"/> No
E.2a Do you consider yourself to be in any of the following groups?	<input type="checkbox"/> Age 18 to 24 (inclusive) <input type="checkbox"/> Indigenous <input type="checkbox"/> From a culturally and linguistically diverse background <input type="checkbox"/> Refugee <input type="checkbox"/> People with disability <input type="checkbox"/> Retrenched worker
E.2b Do you require any special assistance?	<input type="checkbox"/> Yes, please specify _____ <input type="checkbox"/> No

Privacy Statement & Student Declaration

Privacy Notice

Under the Data Provision Requirements 2012, Sydney Business is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by Sydney Business for statistical, administrative, regulatory and research purposes. Sydney Business may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>.

Student Declaration and Consent

- I declare that the information I have provided to the best of my knowledge is true and correct.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.
- The application WILL NOT BE CONSIDERED unless ALL criteria is addressed. The application process may take up to 10 working days. All partners in the business must sign this form.
- I have accessed, read and understood the student handbook that is made available to me on the Sydney Business website.
- From 1 January 2015, Sydney Business can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI, you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device. Please note that if you would like to specify your gender as "other" you will need to contact the USI Office for assistance.

Name	Signature	Date
_____	_____	_____
Name	Signature	Date
_____	_____	_____

Attachment A - Disability Supplement

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 — Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 — Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 — Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 — Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 — Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

Attachment B - Businesses NOT SUITABLE for NEIS

A proposal may not be 'independent' if the business is operating solely or primarily as:

- a subsidiary
- an agent for another enterprise
- a part of a multi-level marketing arrangement (including pyramid schemes)
- a supplier of labour, products or services to one business in an exclusive contractual arrangement.

The Department will not accept NEIS business proposals based on:

- psychic related business (e.g. mobile Tarot reading, psychic or hypnotic surgery, aura washing, clairvoyance, numerology)
- gambling
- management greyhound or other racing syndicates
- graphic violent films and violent multimedia material
- sales or distribution of weapons (e.g. guns)
- providing a platform for the promulgation of political, religious (e.g. theology, teaching of beliefs, evangelistic ministries) or philosophical points of view
- racial or religious vilification
- sex industry related activities, products or publications (print and electronic)
- businesses that use offensive language or genitalia, or any other part of the anatomy in an offensive way, in their names or describe or display logo graphics
- businesses that support illegal drug use or the construction or sale of equipment that could be used for illegal drug use
- tattooing that is not compliant with legislation, including health regulations.

Examples of inappropriate business proposals previously recommended by NEIS Providers but rejected by the Department include:

- an 'erotic' dancer or pole dancer
- a courier service with the drivers wearing G-strings
- a nudist bed and breakfast
- a religious itinerant teaching ministry focusing on the subject of eschatology - belief or beliefs about the destiny of mankind and the world
- a social educationalist who promulgates information that vilifies people
- manufacturing chocolate moulds of various parts of the human anatomy
- an immigration agent who would also be a marriage celebrant for those who wished to change their visa status.

Submit your completed application to:

Email apply@sydneybusiness.org.au

Post NEIS Application
Sydney Business
Suite 404 Level 4
7 Help Street Chatswood NSW 2067