

NEIS 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.

Jobactive provider name: _____

Address: _____

Phone: _____

PARTICIPANT DETAILS

Surname _____ First Name _____

Address _____ Post code _____

Telephone Number (____) _____ Mobile Number _____

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

When is the best time to contact you? _____

BUSINESS PARTNER DETAILS (If Applicable)

Surname _____ First Name _____

Address _____ Post code _____

Telephone Number (____) _____ Mobile Number _____

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

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Document Type:	Form	Document Name:	Business Idea Evaluation Form	Version:	2.9
Reviewer:	CEO	Release Date:	August 2016	Revision Date:	June 2019
		Authorised by:	CEO		Page 1 of 7

About Yourself

- i) Please attach a current resume for all participants in the business. Resumes are to outline employment history, educational background and other relevant details about each person.
- ii) Please indicate the skills you have to contribute to your business. Please remember, the Start Up course does cover these areas and you are not expected to already have acquired these skills.

Skill/Ability	Yes	No	Some	Skill/Ability	Yes	No	Some
Marketing				General			
Promotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previous Business Exp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Negotiating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial				Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Book Keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Report Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- iii) 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.

- 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) (___)

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

Yes
 No

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		Authorised by:	CEO	Page 2 of 7	

v) Have you or your partner received NEIS Allowance in the past year?

Yes

No

Your Business Idea

i) 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?

b) WHAT is your business and services?

c) WHEN do you propose to start your business?

d) WHERE will your business be located and what town/cities/regions will your business service?

e) WHY do you believe there is a need for this type of business in your area?

f) HOW many hours per week do you intend to work in your business? How many hours per week does your partner, if applicable, intend to work in the business?

Document Type:	Form	Document Name:	Business Idea Evaluation Form	Version:	2.9
Reviewer:	CEO	Release Date:	2011	Revision Date:	June 2019
		Authorised by:	CEO	Page 3 of 7	

- ii) List the main items of equipment already owned by yourself, or partner that will be used in the operation of your business.

Equipment/Machinery/Plant	Value \$

- iii) List the main items of equipment that are needed to be purchased or leased to start your business.

Equipment/Machinery/Plant	Lease \$	Or	Buy \$

- iv) Have you contacted your local Council to investigate the permits and regulations for the operation of your business? Provide details and attach any copies of all documentation.

- v) Do you plan to have Partners or other Shareholders in your business?

Yes No

If Yes, who? _____

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		Authorised by:	CEO		Page 4 of 7

About Your Market

i) Have you tested your market and made contact with any potential customers?

Please provide details:

ii) Who will be your customers and how do you intend to keep these clients as customers?

iii) Competition is everywhere. List all of the obvious competitors that operate in your area.

Competitors	Location and Area served by Competitors

iv) Identify your suppliers of the main items you will need to purchase for the operation of your business (eg: Cabinetmakers purchase most of their pine from XYZ Company, 12 Some St. Melbourne, Telephone 555-555)

Stock/Raw Material	Supplier (include name, address, telephone number)

v) How will you advertise and promote your products/services?

Financing Your Business

i) List the amount of funds you currently have that you are able to contribute to the business. This can include money held in a bank or trust, bonds, etc. Please specify.

ii) Even the smallest business needs financial resources in order to pay establishment costs (insurance, initial inventory, etc.) and to cover expenses during the early months.

Do you have the personal funds to start your business?

Yes, Dollar value : _____ No

Do you intend to borrow funds from a financial institution?

Yes, Dollar value : _____ No

Document Type:	Form	Document Name:	Business Idea Evaluation Form	Version:	2.9
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		Authorised by:	CEO	Page 6 of 7	

Insurance for your Business

i) Do you have insurance for your business?

YES

NO

Please specify what type of cover, ie. Public, products, tools etc : _____

ii) Do you have the finance available to obtain appropriate insurance for your business?

YES

NO

iii) Is there any reason why you may not be able to obtain business insurance?

YES

NO

Please specify reason/s : _____

I/We 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: _____

Business Partner's Signature: _____

(if applicable)

Date: _____

YOUR APPLICATION check list

Have You

Signed and dated the Application?

Enclosed a Resume for all participants of the business?

Enclosed a copy of your Business Registration? (if applicable)

Enclosed a copy of your business insurance? (if available)

Please bring your application when you attend your appointment with us.

Document Type:	Form	Document Name:	Business Idea Evaluation Form	Version:	2.9
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		Authorised by:	CEO		Page 7 of 7