

# SELFSTART

## 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 \_\_\_\_\_ Post code \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Mobile Number \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Centrelink job seeker ID (if applicable) \_\_\_\_\_

When is the best time to contact you? \_\_\_\_\_ Email: \_\_\_\_\_

WHAT IS YOUR SKILL SET, EXPERIENCE and EDUCATION:

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List Certificates and Licences:

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

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d) WHAT are you passionate about?

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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) ..... ( \_\_ )

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: \_\_\_\_\_

**Email Return applications:**

Tasmania:  
[tasmania@netgain.asn.au](mailto:tasmania@netgain.asn.au)

Victoria:  
[netgain@netgain.asn.au](mailto:netgain@netgain.asn.au)

**BY POST:**

**Netgain, Suite 2/63 Thomson Street, Belmont Victoria 3216.**

**Ph: 1800 356 400**

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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