



## NEIS Assistance

NEIS assists eligible unemployed people to start new, viable small businesses. If you are a registered job seeker, you can access accredited small business training, which will help to build your skills in setting up a small business. During the training you will also develop a NEIS Business Plan, which will need to be approved by your NEIS provider before you start your business. If approved to operate your NEIS Business, you will receive NEIS Assistance which is NEIS Allowance\* for up to 39 weeks, NEIS Rental Assistance for up to 26 weeks (if eligible) and NEIS Business Mentoring and support for the first year of operation of your business.

## Job seeker eligibility

To participate in NEIS you must be a Stream Participant or a DES Participant in the Employment Assistance Phase and you must meet all of the following criteria:

- be at least 18 years of age at the time of commencing NEIS Assistance;
- be available to participate in NEIS Training and work your required hours (as noted in Section 8 of this form) in the proposed NEIS Business;
- not be an undischarged bankrupt;
- not have received NEIS Assistance for a similar business activity; and
- not have received NEIS Assistance in the previous three years;

## Business eligibility

Your NEIS Business must:

- not currently be operating on a commercial basis;
- be independent, capable of withstanding public scrutiny, and lawful;
- assessed as Commercially Viable by a NEIS provider;
- not be based on the purchase or takeover of an existing business;
- not compete directly with existing businesses, unless it can be demonstrated that there is an unsatisfied demand for the product or service, or the product or service is to be provided in a new way; and
- be established, located and operated solely within Australia

## NEIS Allowance

NEIS Allowance is paid to eligible NEIS Participants by the Department of Employment each fortnight for up to 39 weeks. The rate is regularly reviewed and may change during your participation.

If you are eligible for NEIS Allowance, it will be income tested. If your gross external income (excluding your NEIS Business income, NEIS Allowance, NEIS Rental Assistance, approved allowances or pensions from the Department of Human Services (DHS) or Department of Social Services or Department of Veterans' Affairs (DVA), and your partner's income), exceeds twice the basic rate of NEIS Allowance in a given Financial Quarter, then your NEIS Allowance will be suspended, generally in the following Financial Quarter.

## Your information and privacy

Your personal information is protected by law, including the *Privacy Act 1988* (Cth) (Privacy Act) and the Australian Privacy Principles (APPs). The personal information (including sensitive information) you provide on this form is collected by your NEIS provider on behalf of the Australian Government Department of Employment (the Department) to determine your continuing eligibility for NEIS Assistance if there is a relevant change in your circumstances.

If you do not provide some or all of your personal information (including sensitive information), the Department may not be able to ensure your participation in NEIS and continuing eligibility for NEIS Assistance.

Your personal information (including sensitive information) may be passed onto and between State Government Departments that have an involvement with NEIS, NEIS providers and other contracted providers of services under the *Employment Services Deed 2015–2020* and the subcontractors of these entities, the Australian Taxation Office, the Department of Social Services, the Department of Veterans' Affairs, the Department of Human Services and the Department of the Prime Minister and Cabinet. Your personal information may also be used by the Department or given to other parties where you have agreed, or the use or disclosure is otherwise permitted, including where it is required or authorised by or under an Australian law or court or tribunal order.

The Department's Privacy Policy contains more information about the way in which we will manage your personal information, including information about how you may access your personal information held by the Department and seek correction of such information. The Privacy Policy also contains information on how you can complain about a breach of the APPs and how the department will deal with such a complaint. A copy of the Department's Privacy Policy can be found on the **Privacy page** of our website or by requesting a copy from the Department via email at [privacy@employment.gov.au](mailto:privacy@employment.gov.au).

## Instructions

*All prospective NEIS Participants involved in your proposed NEIS Business are required to complete a separate application.*

Giving false or misleading information is a serious offence.

1. Please complete all information on pages 2 and 3, and make a copy of all pages for your records.
2. Give a signed original to your NEIS provider.
3. Keep page 1 with your copy of pages 2 and 3.

\* **Note:** Recipients of Disability Support Pension (DSP), Carer Payment, Parenting Payment Single (PPS) and some Department of Veterans' Affairs pensions may be able to remain on their payment while participating in NEIS Assistance.

## Applicants details

- 1 (To be completed by referring jobactive provider or DES provider)

Job seeker ID number

Name of applicant

## Referring office

- 2 Name of jobactive provider or DES provider

Physical address

Postcode:

Business phone: (    )

Business fax: (    )

Email:

Contact Officer:

## Your personal details

- 3 (To be completed by applicant)

Mr    Mrs    Miss    Ms    Other

Family name

First given name

Other given name/s

Date of birth

Are you an undischarged bankrupt?

Yes    No

- 4 **Your home address and contact details**

Postcode:

Home phone: (    )

Mobile phone:

Email:

- 5 **Postal address**

For correspondence if different from home address. If same as home address, write as above.

Postcode:

- 6 **Previous period of NEIS**

Have you previously participated in NEIS Assistance?

No (go to section 7)

Yes, please complete the following

Was it for a same/similar business as the proposed business in this application?

Yes    No

What was the name of your previous business?

What type of business was it?

Did you have a partner/s?

Yes    No

Approximate date you finished receiving NEIS Allowance?

With which provider did you previously undertake NEIS?

## Small business training

- 7 Are you able to participate full-time in small business training? (Please see section 8 for description of 'full-time').

Yes    No

If accepted for small business training, do you have any special training requirements? (optional)

Yes    No

**Note:** You do not have to answer this question.

This information is sought to access the level of service that may need to be provided to you by your NEIS provider to participate fully in small business training.

If yes, please specify.

**Your proposed business**

8	Have you ever operated this business on a commercial basis?	Yes	No
	Are you operating this business as an agent, subsidiary, franchise or part of a multi-marketing arrangement?	Yes	No
	Is your business a result of a purchase or takeover of an existing business?	Yes	No
	Will you supply your products/services to one business in an exclusive arrangement?	Yes	No
	Will your proposed business comply with all relevant statutes, regulations, by-laws and requirements of any Commonwealth, state, territory, or local authority laws?	Yes	No
	Do you have a Partial Capacity to Work as determined by an Employment Services Assessment (ESAt) or a Job Capacity Assessment?	Yes	No
	Will you work in your business on a full-time basis, i.e.:		
	<ul style="list-style-type: none"> <li>■ 35 hours per week (for job seekers without a Partial Capacity to Work or reduced participation requirements under the <i>Social Security Act 1991</i>)?</li> </ul>	Yes	No
	<b>OR</b>		
	<ul style="list-style-type: none"> <li>■ In line with your Partial Capacity to Work as determined by an ESAt or Job Capacity Assessment?</li> </ul>	Yes	No
	<b>OR</b>		
	<ul style="list-style-type: none"> <li>■ In line with your reduced participation requirements under the <i>Social Security Act 1991</i>?</li> </ul>	Yes	No
	<b>OR</b>		
	<ul style="list-style-type: none"> <li>■ In line with your voluntary requirements (i.e. DSP, Carer Payment, Parenting Payment Single)?</li> </ul>	Yes	No
	Have you discussed with DHS whether participating in NEIS may affect your ongoing entitlement to your income support payment (i.e. DSP, Carer Payment, Parenting Payment Single)?	Yes	No
	Are you medically capable of working in your business?	Yes	No
	Do you have any medical conditions that are likely to be exacerbated by working in your business?	Yes	No
	Will you have a controlling interest in your business for the first year of business operation?	Yes	No
	Will your proposed business be established, located and operated solely within Australia?	Yes	No
	Provide a description of your proposed business		

Provide full names of proposed NEIS Business partners\* applying for NEIS Assistance.

## \* Definition of partner:

For NEIS purposes a person is considered to be your partner if you and the person are living together, or usually live together, and are married; or in a registered relationship (opposite or same-sex); or in a de facto relationship (opposite or same-sex).

For NEIS purposes, a person is considered to be in a de facto relationship from the time they commence living with another person as a member of a couple.

**Your declaration**

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9 I certify that the information that I have supplied on this form is complete and correct to the best of my knowledge and I acknowledge that false information may lead to refusal, suspension or termination of NEIS Assistance and where applicable, NEIS Allowance.

I confirm that I have read, understood and agree to the collection, use and disclosure of my personal information in accordance with the privacy statement and the NEIS Change of Circumstances Notification form.

If you are unable to sign due to a disability, please complete all required fields, mark the relevant signature block with the words "unable to sign" and email it to your NEIS provider. They will contact you to confirm alternative signature arrangements based on your circumstances.

Signature

Date:

**To be completed by your NEIS provider**

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Does the Department of Employment's IT Systems confirm that the job seeker is Eligible for NEIS?	Yes	No
Does the job seeker's business idea meet the NEIS Business Eligibility Criteria (listed on page 1 and questions answered over page)?	Yes	No

Signature

Name of NEIS provider's officer

Date: