

Please complete this Business Idea Assessment and return to:
Advance Business Specialists (ABS) Phone: (08) 9355 5400
P.O. Box 4051, VICTORIA PARK WA 6979
or fax to: (08) 9355 5199 and e-mail: clientservice@absnetwork.com.au

PERSONAL DETAILS

1. Your Name (s): _____
2. Date of Birth: ____/____/____ (you need to be over 18 to be eligible for the NEIS program)
3. Your Address: _____
4. Postal Address: (if different from above) _____
5. Phone: _____ Mobile: _____
6. E-mail: _____
7. Which of the following income assistance are you receiving:
Newstart Parenting Disability Other _____
8. Can you work in your business on a full time basis (35 hours per week)?
9. Do you have a partial work capacity restriction? _____
10. Your Jobseeker ID: _____ (from Centrelink) **Stream:** _____
11. Partners name (if applicable): _____ D.O.B ____/____/____
12. Partner's Jobseeker ID (if applicable): _____ **Stream:** _____
13. Which Centrelink are you registered with? _____
14. Who is your Job Services Australia provider? _____
15. Who is your contact at the JSA provider? _____

OTHER DETAILS

1. Are you an UNDISCHARGED Bankrupt? **Y / N**
2. Have you previously received the NEIS allowance? **Y / N**
3. Are you able to participate in Small Business Management training? **Y / N**
4. Do you have an ABN now? **Y / N**. If yes then please provide details and what business enterprise was it used for? _____
5. Do you have any registered business names? **Y / N** If yes provide details

YOUR PROPOSED BUSINESS

1. Please give a brief description of your proposed business?

2. Will you operate as a Sole Trader (on your own), Partnership or Company? _____

3. Have you ever operated you own business before? **Y / N** If yes please provide details

Your Market

4. Who will buy your product/service (your typical customer)?

5. Have you undertaken any market research? (ie: have you trialled your product/service or confirmed market demand) **Y / N** If yes, give details

6. How do you intend to market (ie: advertise/promote) your product?

7. Who is your competition and how will you compare with them (include names & locations)?

Your Product/Service

8. How will your product/service be better or different from other existing products/services. Provide details _____

9. What price do you plan to charge for your product/service? How does it compare to other suppliers?

Equipment Needs

10. Describe the equipment you will need for your business:

a) You already own _____

b) Needs to be bought or leased _____

Financing Your Business

11. Will you need to borrow money to start your business? **Y / N** If so, how much _____

Note: NEIS does NOT provide loans, grants or any start up capital assistance. If you need initial funds and do not have the means to raise them yourself you need to discuss this with your NEIS Agent.

12. If you need funds, where do you expect to obtain these funds

Location

13. At what location will you be operating your business? e.g. shop, office, home, leased premises etc

Management

14. What training & education (formal qualifications) do you have that could be used in running your proposed business? _____

15. What skills & experience do you (and your partner if applicable) that is beneficial for the business?

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.

Signed: _____

Date: _____