



Welcome!

We're so excited to begin our partnership with you for this stage of your journey! To ensure we have the information we need to process your application to join the Exploring Being My Own Boss workshop, please take a few moments to fill out the form below. If you have any questions, please feel free to contact us at any time. Thank you!

Your Personal Details

Family Name

First Name

Preferred Name

Date of Birth

Email

Phone Number

Address - 1st line

Address - 2nd line

Suburb

Postcode

Preferred Contact Method

Alternate Phone Number

Phone

E-mail

Text

Other

Are you registered with a job active provider?

Centrelink Reference Number

Yes

No

Name of Provider

Branch

Business Idea

Do you currently have an idea for a business you would like to pursue?

Yes

No

If yes, please provide a brief description

Small Business Workshop

Exploring Being Your Own Boss workshop are a series spanning 2 weeks, at 25 hours per week, usually over 4 days. They are designed to give you an idea of what entrepreneurship and self employment are about.

Are you able to participate full-time in an EBMOB workshop?

Yes

No

If accepted for the workshop, do you have any special training requirements? (optional)

Yes

No

If yes, please specify

Your declaration

I certify that the information I have supplied on this form is complete and correct to the best of my knowledge. (Place tick in check box below to confirm).

Date

For office use only

Does the Department's IT System confirm that the applicant is eligible for EBMOB

Yes

No

Name of confirming officer

Applicant advised of decision