



NEIS APPLICATION:

PART A - Contact Details

All fields must be completed by the Job Seeker and completed in detail.

Applicant's Full Legal Name _____

Street Address _____

City _____ Post Code _____

Email Address _____

Phone Number _____ Date of Birth _____

Centrelink Reference Number _____ Job Seeker ID _____

Provide a brief description of the proposed Business

PART B - REGISTRATION INFORMATION

You do not need to be receiving any Centrelink income to be eligible.

Jobactive provider/Disability Support Provider _____

Benefit Type _____ Amount P/F \$ _____

PART C - PARTICIPANT ELIGIBILITY

Are you over the age of 18? Y N

Are you prohibited by law from working in Australia? Y N

Attendance in training is compulsory, will you be available to participate in the 7 week training activity Y N

Will you be able to work full time in your business? Y N

Have you ever declared bankruptcy? Y N

Do you agree to hold and maintain the controlling interest in the business for the duration of your NEIS Participant Agreement? Y N

Will you be operating business with another NEIS Client? Y N

If yes; What is the name of your NEIS business partner? _____

Are you Aboriginal and/or Torres Strait Islander? Y N

Have you previously received NEIS allowance? Y N

If yes was it for a same/similar business as the proposed business in this application? Y N

Approximate date you finished your previous NEIS arrangement (DD/MM/YYYY) _____

PART D - BUSINESS ELIGIBILITY

To be eligible for NEIS Assistance, the proposed business must meet eligibility criteria. Please indicate below that your business meets the following requirements.

Is not currently operating on a commercial basis Y N

Is an independent business structure Y N

Will be established, located and operated solely in Australia Y N

THE PROPOSED BUSINESS

Do you require to borrow money to commence your business? Y N

If yes, how much is required and how do you plan to raise the finance? _____

Do you have the required skills and qualifications to operate this business? Y N

What skills and qualifications do you have to bring to your business? _____

Are you/your partner medically capable of working in the business Y N

Do you have any medical conditions which may affect your business? Y N

Please provide information on any medical conditions that may affect your business

Have you discussed with Centrelink whether participating in NEIS may affect your ongoing entitlement to income support, i.e. DSP, Carer Payment, Parenting Payment Single? Y N

Have you discussed with Centrelink whether participating in NEIS may affect your ongoing entitlement to a current Health Care Card or Pension Card? Y N

From what location will you run your business? _____

Do you require Council approval to operate from this location? Y N

If yes, at what stage is your approval process up to? _____

Do you require any licences to operate this type of business (e.g. Contractors, Trade, Agent)? Y N

If yes, do you have the Licence? _____ Y N

If no, at what stage are you at obtaining it? _____

Do you have a vehicle and a current Drivers Licence? _____ Y N

PART E - YOUR DECLARATION

Information provided in the application is used to check your eligibility for NEIS.

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

Note - by placing a tick in the following box you agree to the above declaration.

NEIS Applicant 1

Signature

Email completed form to: neis@businesscentre.com.au