



New Business Assistance with NEIS APPLICATION:

New Business Assistance with NEIS
AN AUSTRALIAN GOVERNMENT INITIATIVE



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

NEW HUNTER BUSINESS

New Business Assistance with NEIS – Application Assessment

TO BE COMPLETED BY NEIS BUSINESS MENTOR

Name of Applicant:	Date of Application:	Centrelink eligibility Confirmed:	Eligibility checked By:

Participant Eligibility

Is the participant over the age of 18 years of age? Yes No

Is the participant available to participant in the full-time training requirement? Yes No

In the participant receiving a centrelink (DHS) benefit? Yes No

If yes, please specify _____

Has the participant ever declared bankruptcy? Yes No

If yes, please specify year of declaration and if discharged _____

Has the Participant done NEIS previously? Yes No

If yes, please specify when exited and if for similar business _____

Has participant completed a qualification in any of the following? Yes No

- Certificate III in Micro Business Operations
- Certificate IV in New Small Business
- Certificate IV in Small Business Management

Business Eligibility

Is the business currently operating? Yes No

If yes, please indicate level of business activity _____

Will the business have an independent business structure? Yes No

Will the business be lawful and capable of withstanding public scrutiny? Yes No

Has the business been assessed as commercially viable? Yes No

* Please note that commercial viability is based on being no worse off operating business than the base rate of newstart over a 12 month period – currently \$14,305.20 p/a net profit would need to be demonstrated

Will the business be established, located and operated within Australia? Yes No

Will the NEIS applicant retain controlling interest in the business for first 12 months? Yes No

Finance

Is Finance required to commence the business? Yes No

If yes, please specify amount of finance required and how to be obtained _____

Insurance

Has NEIS requirements regarding insurance been discussed with the client? Yes No

Location

From what location will the business operate?

- Commercial Premises
- Home Premises

Yes No
Yes No

Please specify address from which business will operate

Has council approval been confirmed to operate business from location?

Yes No

Licences

Are licences required to operate this business?

Yes No

If yes, please specify _____

If yes, have the required licences been obtained?

Yes No

Please comment _____

Qualifications

Please confirm any qualifications that client has that are relevant to the business

Assessment recommendations

NEIS Information Session

Has the client attended a NEIS information session?

Yes No

If yes, please specify location, date and business advisor _____

Approval for NEIS approved training activity

Has the client been recommended for a place in training?

Yes No

If yes, please specify course date and location _____

ASSESSED BY: _____ SIGNED: _____ DATE: _____