



NEIS ASSISTANCE

New Business Assistance with NEIS assists eligible unemployed people to start new, viable small businesses. If you are eligible 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 Business Mentoring and support for the first year of operation of your business and if eligible, NEIS Allowance* for up to the first 39 weeks and NEIS Rental Assistance for up to the first 26 weeks of NEIS Assistance.

JOB SEEKER ELIGIBILITY

To participate in NEIS 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 in the past year;
- not prohibited by law from working in Australia; and
- not an overseas visitor on a working holiday visa or an overseas student studying in Australia.

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;
- be established, located and operated solely within Australia;
- be structured so that you have and will maintain a controlling interest over your NEIS Business for the duration of your NEIS Participant Agreement.

NEIS ALLOWANCE

NEIS Allowance is paid to eligible NEIS Participants by the Department of Jobs and Small Business 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 Jobs and Small Business (the Department) to determine your continuing eligibility for New Business Assistance with NEIS 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 New Business Assistance 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@jobs.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 2-6, 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 2-6.

* 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.

Application For NEIS



APPLICANT DETAILS		Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> (Please <input checked="" type="checkbox"/> any boxes on this form as required)	
First Name		Last Name	
Address		Post Code	
Phone Number		Mobile Number	
Email Address			
Date of Birth		Are you an undischarged bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Centrelink Ref No.		Jobseeker ID	
Benefit Type			
jobactive Provider		Contact Name	
Address		Email	
Phone Number		Fax	
Have you completed a Certificate IV or higher level of qualification in Australia? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If 'yes' what is the name of the qualification? <input type="text"/>			

Provide full names of proposed NEIS business partners applying for NEIS assistance:

PARTNER DETAILS		Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> (Please <input checked="" type="checkbox"/> any boxes on this form as required)	
First Name		Last Name	
Address		Post Code	
Phone Number		Mobile Number	
Email Address			
Date of Birth		Are you an undischarged bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Centrelink Ref No.		Jobseeker ID	
Benefit Type		Email	
jobactive Provider		Contact Name	
Address			
Phone Number		Fax	

Office Use Only

<input type="checkbox"/> GOULBURN/MURRAY	<input type="checkbox"/> WESTERN MELBOURNE	<input type="checkbox"/> INNER METRO MELBOURNE	<input type="checkbox"/> SE MELBOURNE & PENINSULA
Category of Applicant			
<input type="checkbox"/> NEIS allowance paid	<input type="checkbox"/> NEIS Non-paid	<input type="checkbox"/> H.D.	

Application For NEIS



BUSINESS DETAILS

1. Provide a description of your proposed business.

2. Describe products/services. How will these be unique?

3. Who do you expect to buy product/service?

4. To demonstrate a demand for your product/service please provide evidence of contacts that you have made with any potential customers (Attach any supporting documents eg. written expressions of interest in purchasing your product/service once you commence your business. Need to provide three pieces of evidence and industry contacts)

5. Who, if anyone, supplies this product/service now?

6. If applicable, where will you buy your product/raw material? Please provide details of your proposed suppliers.

7. What price will you charge for your product/service and how have you calculated it?

8. What price do your competitors charge? \$ (Per unit /hour)

9. Which location will your business operate from (include post code)? Council permit required Yes No

Home / leased premises / other

Please provide details of location

10. Describe the equipment that you will need for the business

Already owned by you

Need to buy or lease

FINANCING YOUR BUSINESS

11. How much money do you believe you need to start your business? \$

NEIS does not provide seed funding; where will you obtain these funds from?

Source	Amount
Own savings	\$
Bank	\$
Other lending organisations	\$
Family/ friends	\$
Other	\$
Total	\$

12. Apart from yourself, please indicate who else will be involved with the business (eg. spouse, father, friend, business associate, etc).

13. Who have you spoken to about your business idea?

14. When do you propose to commence trading and why?

PERSONAL ATTRIBUTES

15. What education attainments and capabilities do you currently have?

16. Have you previously acquired any relevant competencies for the Certificate III in Micro Business Operations (BSB30315)?

17. Do you have any previous experience in running a small business?

18. Why do you wish to commence your business?

19. What skills and personal/business qualities will you bring to the business?

20. Why do you believe you will be successful?

PERSONAL ATTRIBUTES continued

21. Do you wish to apply for a credit transfer? Yes No

22. Do you wish to apply for recognition of prior learning? Yes No

If you have answered yes to either question 21 or 22 you will need to complete the RPL application form & provide evidence 2 weeks prior to the NEIS program commencing. (Please contact the NEIS office for the RPL application form)

23. Do you consider yourself to have a disability, impairment or long-term condition?

If yes, then please indicate the areas of disability, impairment or long-term condition (you may indicate more than one area.)

Hearing/deaf

Acquired brain impairment

Physical

Mental illness

Intellectual

Medical condition

Vision

Personal Circumstances

Learning Difficulties

BUSINESS DETAILS continued

24. Have you previously participated in NEIS Assistance? Yes (please specify) No

Approx. date you finished receiving NEIS Assistance?

With which provider did you previously undertake NEIS?

25. Are you able to participate 'full-time'* in small business training? Yes No

If accepted for small business training, do you have any special training requirements? (optional) Yes (please specify) No

Note: You do not have to answer this question. This information is sought to assess the level of service that may need to be provided to you by your NEIS provider to participate fully in small business training.

26. Have you ever operated this business on a commercial basis? Yes No

27. Are you operating this business as an agent, subsidiary, franchise or part of a multi-marketing arrangement? Yes No

28. Is your business a result of a purchase or takeover of an existing business? Yes No

29. 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

30. Do you have a Partial Capacity to Work as determined by an Employment Services Assessment (ESA^t) or a Job Capacity Assessment? Yes No

31. Will you work in your business on a full-time basis, i.e.:

35 hours per week (for job seekers without a Partial Capacity to Work or reduced participation requirements under the *Social Security Act 1991*)? Yes No

OR

In line with your Partial Capacity to Work as determined by an ESA^t or Job Capacity Assessment? Yes No

OR

In line with your reduced participation requirements under the *Social Security Act 1991*? Yes No

OR

In line with your voluntary requirements (i.e. DSP, Carer Payment, Parenting Payment Single)? Yes No

32. 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

Application For NEIS



33. Are you medically capable of working in your business? <input type="checkbox"/> Yes <input type="checkbox"/> No
34. Do you have any medical conditions that are likely to be exacerbated by working in your business? <input type="checkbox"/> Yes <input type="checkbox"/> No
35. Will you have a controlling interest in your business for the first year of business operation? <input type="checkbox"/> Yes <input type="checkbox"/> No
36. Will your proposed business be established, located and operated solely within Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please return this form and all accompanying paperwork via one of the following ways:

BY EMAIL:

Save pdf on your computer
Use file menu to attach pdf
to email and return to:
neis@boxhill.edu.au

IN PERSON:

Business Enterprise Centre
Building E8
Level 3, 456 Elgar Road
Box Hill VIC 3128

THROUGH WEBSITE:

www.boxhill.edu.au
Search "NEIS application" in the top right
hand corner in search area.
Follow the prompts.

Declaration

I/We certify that the information that I have supplied on this form is complete and correct to the best of my knowledge and acknowledge that false information may lead to refusal, suspension or termination of NEIS Assistance and where applicable, NEIS Allowance. Should circumstances change or I/we become aware of information that conflicts with the above we will advise the Box Hill Business Enterprise Centre within 5 working days.

I/We agree that I/we are available for full time training as part of the NEIS training program and that failing to attend training may jeopardise our benefits with Centrelink and eligibility for the NEIS program. We also agree that all information provided by other participants during the training program is strictly confidential and therefore agree not to use or disclose it to a third party for any reason.

The Box Hill Business Enterprise Centre and the Box Hill Institute, will make every effort to provide support and information through its consulting and advisory services that is true, accurate, on a gratuitous basis and on the understanding that neither the Department of Jobs and Small Business or Box Hill Business Enterprise Centre and the Box Hill Institute, its managers, employees, consultants, trainers, mentors or volunteers are responsible for any liability or loss resulting from any of their actions, recommendations or advice, or any failure to take action, make recommendations or give advice.

The Department of Jobs and Small Business, Box Hill Business Enterprise Centre and the Box Hill Institute, its managers, employees, consultants, trainers, mentors or volunteers hereby expressly disclaim all and any liability whatsoever, to the full extent allowed by law to any person arising out of or connected in any way to the services provided by each and any of them, including any liability for negligence.

I/We have been advised of all registered training organisations delivering the NEIS training program in my employment region and wish to undertake the training at the Box Hill Institute location indicated below:

- Box Hill Melbourne CBD Shepparton Wodonga Echuca
Should the demand exist we can offer NEIS training at the following locations:
• Benalla • Clayton • Glen Waverley

I/We confirm that I/We 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.

Name

Date

Signature

Name

Date

Signature

Certificate III in Micro Business Operation

TO BE COMPLETED BY YOUR NEIS PROVIDER	
Does the Department of Jobs and Small Business's IT Systems confirm that the job seeker is Eligible for NEIS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the job seeker's business idea meet the NEIS Business Eligibility Criteria (listed on page 1 and questions answered over page)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of NEIS provider's officer	
Signature	Date

Privacy clause — the Institute is required to comply with the federal and state privacy regimes. The information you have provided to the Institute will be used, where applicable, for the purposes of assessing your application, accepting your enrolment, processing and advising you of your assessment results and other communications to you as required. Where you have been asked to provide us with a unique identifier of another organisation, we will only use this identifier. For the purposes to which you have consented or for which we may use it as authorised by law. A condition of your application, enrolment, is that you consent to the release of your results or statement of progress to your employer, sponsoring organisations or government agencies where appropriate. We also provide information to various government agencies that is relevant to government funded targeted welfare or educational services.

You can request access to your personal information by writing to the registrar or by sending an email to privacy@bhtafe.edu.au. if you do not wish to provide the requested information, this may restrict the range of services and educational programs that the Institute can offer you.