

# EXPRESSION OF INTEREST

## [SELF - EMPLOYMENT ASSISTANCE PROGRAM]

Please complete this Expression of Interest and return to:

**Businessplex**

Phone: (08) 9398 5351

1/3 Marchant Way Morley WA 6062

Email: [admin@businessplex.com.au](mailto:admin@businessplex.com.au)

### PERSONAL DETAILS

1. Your Name (s): \_\_\_\_\_
2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (you need to be over 18 to be eligible for the 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?
 

Jobseeker	Parenting	Disability Support Pension
Age Pension	Partner Service Pension	War Widower/Widow Pension
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 Services Australia are you registered with? \_\_\_\_\_
14. Who is your Workforce Australia provider? \_\_\_\_\_
15. Who is your contact at the provider? \_\_\_\_\_
16. Do you belong to special eligibility? **Yes** **No**
  - If YES,
  - Retrenched Worker – when does the employment ends \_\_\_\_\_
  - ADF Personnel – when is the transition date \_\_\_\_\_
  - Veterans \_\_\_\_\_

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### OTHER DETAILS

1. Are you an UNDISCHARGED Bankrupt? **Yes** **No**
2. Do you have any criminal convictions? **Yes** **No**
3. Have you previously received the NEIS/SEA allowance? **Yes** **No**
4. Are you able to participate in Small Business Coaching? **Yes** **No**
5. Are you able to participate in Small Business Mentoring? **Yes** **No**
6. Do you have an ABN or ACN? **Yes** **No**
7. Do you have registered business name? **Yes** **No**

If YES provide details \_\_\_\_\_

### PROPOSED BUSINESS

1. Please give a brief description of your proposed business \_\_\_\_\_
2. Will you operate as a Sole Trader, Partnership, Company, or Trust? \_\_\_\_\_
3. Have you ever operated you own business before? **Yes** **No**

If **Yes** please provide details \_\_\_\_\_

### Target Market

4. Who will buy your product/service (your potential customer)? \_\_\_\_\_
  5. Have you undertaken any market research? **Yes** **No**
- If yes, give details \_\_\_\_\_
6. How do you intend to market (advertise/promote) your product? \_\_\_\_\_
  7. Who is your direct competition? \_\_\_\_\_

### Products/Services

8. What is your Unique Selling Point? \_\_\_\_\_
9. What price do you plan to charge for your product/service? \_\_\_\_\_

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### Start Up and Establishment Needs

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

a) You already own

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b) Need to buy or lease

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### Financing

*Note: Provider does NOT provide loans, grants, or any start-up capital assistance. If you require initial funds you will need to have these approved before we can progress with your application.*

Will you need to borrow money to start your business? **Yes** **No**

If so, how much

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

Can you afford public liability and relevant business insurance? **Yes** **No**

### Location

11. At what location will you be operating your business?

Mobile

Home Based

Online

### Management

12. What training, skills & education do you have to run your proposed business?

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13. Is your business new or existing? **New** **Existing**

If it is Existing, how many employees do you have excluding you?

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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 the program.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



**Workforce Australia**  
Employment Services

Delivered by Businessplex

