



### Instructions

This form is to be completed by the NEIS participant and NEIS provider.

The NEIS provider must send a copy of the completed and signed form to the Department of Education, Skills and Employment and retain the original on file.

*Note: If you are not receiving a Services Australia (Centrelink) or Department of Veterans' Affairs (DVA) income support payment, you will not be eligible for NEIS Allowance.*

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

### 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 Education, Skills and Employment (the Department) to determine your continuing eligibility for NEIS Assistance 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 New Business Assistance with 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 *jobactive Deed 2015–2022* and the subcontractors of these entities, the Australian Taxation Office, the Department of Social Services, the Department of Veterans' Affairs, Services Australia 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@dese.gov.au**.

### Participant details

- 1 Participant full name
- 2 Job Seeker ID (*Note: check with your NEIS provider if you don't know what this is*)
- 3 Date of birth (dd/mm/yyyy)
- 4 Your home address  
  
Postcode:  
  
Home phone: (     )  
  
Mobile phone:  
  
Email address for correspondence:
- 5 Postal address (if different from home address).  
If same as home address, write 'as above'.

Postcode:

### Participant bank details

- 1 Bank account name
- 2 Bank BSB
- 3 Bank account number

# NEIS Application Form

## NEIS Business details

- 1 Business name
- 2 ABN
- 3 Business address
- 4 Business Email
- 5 Business phone number
- 6 Business mobile number
- 7 Business website
- 8 Description of business
- 9 Full names of any NEIS Business partners
- 10 Full names of any non-NEIS Business partners

## Participant certification

- I certify that the information on this form is true and correct.
- I understand that providing incorrect bank details can delay my NEIS Allowance payments.
- I know what government payments and entitlements might be affected if I start receiving NEIS Allowance (talk to Centrelink or DVA if you are not sure).
- I will obtain business insurance from my commencement date and keep it current while operating my NEIS Business.
- I am medically capable of operating my NEIS Business in line with my participation requirements.
- I will hold the necessary licenses, qualifications and approvals to operate my NEIS Business.
- I confirm I meet the participant eligibility requirements listed on page 1.
- I confirm my NEIS Business meets the business eligibility requirements listed on page 1.
- I confirm that I have read, understood and agree to the collection, use and disclosure of my personal information in accordance with the privacy statement on page 1.

For Parenting Payment (Single) and Disability Support Pension recipients, or NEIS Volunteers receiving a Centrelink/DVA income support payment.

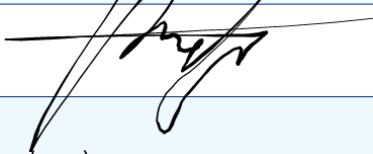
I have discussed with Centrelink/DVA and elect to:

- Remain on my current payment
- Transfer onto NEIS Allowance.

## Signature

If you are unable to sign due to a disability, please check "unable to sign" below and email the form to your NEIS provider.

Unable to sign



Date (dd/mm/yyyy)

19/04/2021

## NEIS provider certification

On behalf of my provider:

- I certify that the information contained in this form is complete and correct to the best of my knowledge.
- I have checked that all details have been entered correctly in ESS Web.
- I have checked that the participant is Eligible for NEIS in accordance with the *jobactive Deed 2015–2022* and NEIS Guidelines issued by the Department.
- I have assessed the participant's NEIS Business Plan and am satisfied that it meets the NEIS Business Eligibility criteria in accordance with Guidelines issued by the Department.
- I confirm that the ABN provided is current and relates to the NEIS Business.

## NEIS provider signature



NEIS provider contact name

NEIS provider name

Date (dd/mm/yyyy)