

HUB CONSULTING SUPPORT APPLICATION FORM

ALL INFORMATION IS STRICTLY CONFIDENTIAL

Title: _____ First Name: _____ Last Name: _____

Business Name: _____ ABN _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____ Website: _____

Address: _____

Suburb: _____ Post Code: _____ Council Area: _____

Date Business Started: _____ Owner Gender: M / F / Partnership

Applicant's Age: _____ Business Turnover: _____ Number of Employees (inc Owner): _____

Do you classify your business as.... (please indicate yes/no to each category)

- Women in business Y / N Indigenous in business Y / N Family business Y / N
 Home based business Y / N Small business intender Y / N

Business Classification ~ Please tick <i>one</i> only			
<input type="checkbox"/> Agriculture, Forestry, Fishing	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Financial & Insurance Services	<input type="checkbox"/> Public Admin & Safety
<input type="checkbox"/> Mining	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Rental, Hiring & Real Estate Services	<input type="checkbox"/> Education & Training
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Accommodation & Food Services	<input type="checkbox"/> Professional, Scientific & Technical Services	<input type="checkbox"/> Health Care & Social Assistance
<input type="checkbox"/> Electricity, Gas, Water & Waste Services	<input type="checkbox"/> Transport, Postal & Warehousing	<input type="checkbox"/> Administrative & Support Services	<input type="checkbox"/> Arts & Recreation Services
<input type="checkbox"/> Construction	<input type="checkbox"/> Information, Media & Telecommunications	<input type="checkbox"/> Other _____	

GOAL: In my *consulting* time, the *goal* I wish to achieve is _____

- I agree to pay the one off fee, \$44 including gst, for the Hub Consulting Program before commencing any consulting work. This fee is non-refundable and only available once per business.
- I acknowledge that the Adelaide Business Hub makes available its services on the understanding that neither Hub staff, nor Hub sub-contractors, are responsible for any liability or loss resulting from any action or recommendation.

Signature of Client: _____ Date: _____

Print Name: _____

Payment options = \$44 inc gst

- Direct Debit:** Send payment receipt to melissa@adelaidebusinesshub.com.au
 Acct Name: Adelaide Business Hub ~ BSB: 015 350 ~ Acct Number: 4884 48393 (Reference = Business name)
- Cheque:** Made payable to 'Adelaide Business Hub', 6 Todd Street, Port Adelaide, 5015
- Credit Card:** Visa/Mastercard _____ - _____ - _____ - _____ Exp ____ / ____
 Name on card _____ Signature _____

PLEASE RETURN MARKED "CONFIDENTIAL"

Fax: 8440 2401

Email: melissa@adelaidebusinesshub.com.au

Post: Attn Co-ordinator, Adelaide Business Hub, 6 Todd Street Port Adelaide SA 5015



Consulting Program Client Consent Form

Consent to the Provision of Client Contact Details to the Department of Industry, Innovation, Science, Research and Tertiary Education.

The services provided by Adelaide Business Hub are funded by the Australian Government through the Department of Industry, Innovation, Science, Research and Tertiary Education.

As part of the Australian Government's efforts to evaluate the effectiveness of the services provided by the Adelaide Business Hub, and to seek areas for improvement in their services, the Australian Government has requested the contact information of clients who access the funded services.

Your contact information will only be used to provide you with evaluation surveys about the services provided to you by Adelaide Business Hub.

The Department of Industry, Innovation, Science, Research and Tertiary Education will keep your contacted details protected, in line with the Information Privacy Principles contained in the *Privacy Act 1988*, and we will only use your details for the purpose of conducting surveys in regards to the *Small Business Advisory Services* program. Such a survey may be carried out by a reputable market research organisation which would be contractually bound to the Information Privacy Principles contained in the Privacy Act 1988 as if they were part of the Department.

The results of any survey will be aggregate data and will not be capable of identifying you or your organisation individually.

Please note that participation in the evaluation of the services provided by Adelaide Business Hub is not mandatory and will not affect your eligibility for the services under the *Small Business Advisory Services* program. You may withdraw your consent to participate in the evaluation of the *Small Business Advisory Services* program at any time by contacting Adelaide Business Hub.

I **do / do not** (*please circle one*) consent to the provision of my contact details to the Department of Industry, Innovation, Science, Research and Tertiary Education for the purpose of including me in any survey, in order to evaluate the *Small Business Advisory Services* program.

Signature of client:

Name of Client:
(please print)

Date:
