

**APPLICATION TO PARTICIPATE
Adelaide Metro Business Solutions Program**

Sponsored by the Federal Government under the Aust Small Business Advisory Service



Title: _____ First Name: _____ Last Name: _____
 Business Name: _____ ABN _____
 Contact Number: _____ Email: _____
 Website: _____ Number of FT Employees (max 20): _____
 Suburb: _____ Post Code: _____
 Owner Gender: M / F / M&F Applicant's Age: 20-29 30-39 40-49 50-59 60+

I identify with the following.... (OK to tick more than one)

- Woman in business Indigenous in business Family in business
- Home based business Business intender (startup with no ABN registered)
- Sole Trader Partnership Company

Business Classification ~ Please tick one 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 (specify) _____	

- I have completed a business diagnostic questionnaire and discussed the results with my Adelaide Business Hub Consulting Partner**

By the end of this consulting service I will implement at least 2 actions from the list below to boost the productivity and growth of my business:

My Goal Choice (complete at least 2)	My Actions: <i>Specific and Simple</i>
Funding avenues & financial analysis	
Building my business	
Making the most of my talent &/or my team	
Improving my management capabilities	
Implementing digital engagement solutions	

- I acknowledge that these services are made available on the understanding that neither ABH staff nor sub-contractors are responsible for any liability or loss resulting from this consultation.
- I approve my contact details being recorded and provided to the Department of Industry in confidence and only for the purpose of surveying the quality of services delivered by Adelaide Business Hub and Partners.
- I agree to the terms and conditions as listed on this application form**

Print Name: _____ **Date:** _____