



Central Coast
Business Advisory Service
1300 650 058



Department of
State and Regional
Development



Phone: 02 4349 4952
Web: www.centralcoastsmallbiz.com.au
Email: info@centralcoastsmallbiz.com.au

PO Box 218
OURIMBAH NSW 2258
Fax: 02 4349 4958

Face to Face Interview Form

Interview Date:

Facilitator:

Interview Location

Personal Details		Business Details	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Client Name:		Registered Business Name:	
Address:		Address:	
Suburb:		Suburb:	
State:	Post Code:	State:	Post Code:
Phone:	Fax:	Phone:	Fax:
Mobile:	Email:	Mobile:	Email:
Are you of Aboriginal or Torres Straight Islander descent?		Type of Business:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

How did you find out about our service?

- | | |
|---|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> NEIS Referral |
| <input type="checkbox"/> BAS Client | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Centrelink | |
| <input type="checkbox"/> DSRD | <input type="checkbox"/> Small Business Answers Referral |
| <input type="checkbox"/> Office of Fair Trading | <input type="checkbox"/> TV/ Radio/ Newspaper |
| <input type="checkbox"/> Family or Friends | <input type="checkbox"/> Website |
| <input type="checkbox"/> Mentor Referral | <input type="checkbox"/> Yellow Pages |

Client Type	Business Structure	Business Status
<input type="checkbox"/> BAS Newstart Client <input type="checkbox"/> Mentor Client <input type="checkbox"/> NEIS Business <input type="checkbox"/> NEIS Participant	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Yet to be decided	<input type="checkbox"/> Start up <input type="checkbox"/> Established <input type="checkbox"/> Diversifying <input type="checkbox"/> Expanding <input type="checkbox"/> Investigating <input type="checkbox"/> General Mentor Client

Bank:

Accountant:

Business Training:

Other Consultants:



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Please answer the following questions as briefly as possible

Explain briefly your business idea;

What is your principal service/ product?

Whom do you see as your competitors?

Who will be your typical customer?

What research have you done to date?

What equipment will you need to start?

What is the approximate cost of the equipment?

Are you able to finance the above costs?

If not, where will you obtain funds?

Do you have sufficient working capital?

Yes

No



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- Would you be able to attend a DAY workshop? Yes No
- Would you be able to attend an evening workshop? Yes No

Please tick the following workshop(s) you wish to attend

WORKSHOP

- Small Business Today, Is it for you (FULL DAY)
- Researching your Business, The Basis for Success (Part A)
- Researching your Business, Developing the Business Plan (Part B)
- Marketing and Sales
- Managing your Business, through Record Keeping
- Financial Statements and Talking Business
- Cash Flow
- Decision Making for Profit
- Employing Staff

Privacy Act

Your Personal information is protected by the Privacy Act 1988 and the Privacy and Personal Information Protection Act 1998(NSW) In order to provide you with the full range of business advisory services we may require that you provide personal information to us. We may disclose your personal information to the NSW Department of State and Regional Development (DSRD) for the purpose of monitoring the Business Advisory Programme. The provision of personal information by you is voluntary, but if you do not provide it, you may not be able to access the full range of business advisory services. You have the right to access or correct the information held by contacting the Central Coast Business Advisory Service. Please refer to the DSRD website www.business.nsw.gov.au for more information on the Department's privacy policy and your rights to access or correct the information. Your personal information may also be used by us or DSRD to send you communications such as newsletters, flyers and invitations about business-related activities.

- I do not wish to be included on this mailing list.

Disclaimer

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I/ we have read, understand and agree to be bound by this disclaimer

Signature

Date

