



## **BUSINESS MENTORING PROGRAM Information for Prospective Participants**

Trade and Investment is the NSW Government's business development agency. The Department aims to stimulate the growth of micro-to-small-to-medium sized enterprises, a vital contribution to the economy of the State.

The Department offers a range of small business development programs to meet the needs of people operating established small and medium businesses, as well as new starters in business, in both metropolitan and regional areas.

### ***Program Objectives***

The objective of the Business Mentoring Program is to improve business development, networking and growth opportunities for small businesses in NSW by incorporating mentoring from experts to business owners.

Specific outcomes include:

- improving business management skills for small business owners/managers
- identifying and facilitating business growth strategies for small businesses
- providing opportunities for small business owners/managers to network and develop strategic alliances.

### ***Program Components***

A Business Mentoring Program runs for up to four months, involves between 15 and 25 participants and consists of four core-integrated components:

- 15 hours of Small Group Business Skills Workshops
- 10 hours of Mentoring
- working on a Special Business Project or Outcome
- networking

Mentoring takes place throughout the five month program period. The schedule of meetings between Participants and Mentors are jointly agreed.

### ***Cost***

The cost to the participant is \$500(plus GST).

### ***Registrations can be sent to:***

Port Macquarie Chamber of Commerce  
PO Box 114  
Port Macquarie NSW 2444

Or via e-mail to: [info@portchamber.com.au](mailto:info@portchamber.com.au)

Or fax: 02 6583 2766

For more info, call the Chamber on 02 6583 4412



## Women in Business Mentoring Program Participant Application

**Title:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Trading as:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website address:** \_\_\_\_\_

**Age:**  
 18-25     26-30     31-35     36-50     51-65     65 plus

**Business Structure:**

Sole Trader                       Partnership                       Company

**Is your business registered for GST?**                       Yes                       No

**Are you a NSW based business owner?**                       Yes                       No

**Please provide ABN Number:** \_\_\_\_\_

**What date was the business established?** \_\_\_\_\_

**No. of Employees:** \_\_\_\_\_



**Business Type (industry sector):**

- |                               |                          |                   |                          |
|-------------------------------|--------------------------|-------------------|--------------------------|
| Business & financial services | <input type="checkbox"/> | Manufacturing     | <input type="checkbox"/> |
| Creative/arts                 | <input type="checkbox"/> | Personal Services | <input type="checkbox"/> |
| Education/training            | <input type="checkbox"/> | Retail/Sales      | <input type="checkbox"/> |
| Health/medical                | <input type="checkbox"/> | Tourism/Leisure   | <input type="checkbox"/> |
| IT industry                   | <input type="checkbox"/> | Other             | <input type="checkbox"/> |

**Are you a home based business?**  Yes  No

**Please provide a description of your business:**

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**Your business training:** (please list any business programs/courses undertaken)

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**What is your role in the business?** (please describe briefly your major duties and responsibilities within the business.)

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**Any previous experience participating in mentoring?**

Yes  No

If yes, please note year, provider and name of program below

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**What is your turnover?**  < \$50,000  \$50 to \$100,000  > \$100 to \$200,000  
 > \$200,000

**Have you received any Government Business Assistance?**  yes  no

**If yes, give details:**

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Do you currently have a Business Plan?  Yes  No

Desired outcomes from the Program?

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Please identify a "Specific Goal" or "Business Challenge" that you wish to address during the Program?

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How did you find out about the Program?

**DECLARATION**

- Department of Trade & Investment, Regional Infrastructure & Services reserves the right to determine eligibility based on information provided in the application form and all other pertinent information and is under no obligation to enter any agreement with the Applicant.
- Department of Trade & Investment, Regional Infrastructure & Services reserves the right for any assistance to be the subject of publicity and/or used for case studies.
- Any personal information provided to the Department of Trade & Investment, Regional Infrastructure & Services is voluntary and protected by the Privacy and Personal Information Protection Act 1998 (NSW) and the Health Records and Information Privacy Act 2002 (NSW). The information is essential to determine your eligibility to deliver the Department's Program. The information may be used to send you communications such as newsletters, flyers, and information about business-related activities. Please refer to our website [www.business.nsw.gov.au](http://www.business.nsw.gov.au) for more information on our privacy policy and your rights to access or correct the information.
- The applicant will participate in any program evaluation conducted by the Department of Trade & Investment, Regional Infrastructure & Services
- Agreement to indemnify the Department of Trade & Investment, Regional Infrastructure & Services against all losses, liabilities, claims expenses and other costs arising in any way in connection with or as a result of this Expression of Interest Registration Form, any assistance provided, the Program and any related activity and any breaches to state or federal legislation including privacy legislation.

**I have read and acknowledge the above declaration and I certify that the information provided in and supporting this application is true and correct.**

**Signed: Organisation: Date:**

**Name: Position:**