



## SMALL BUSINESS SMART BUSINESS APPLICATION FORM 2007

### Malaga and Districts Business Association Inc

P.O. Box 3022, Malaga, 6945

Ph: (08) 9248 2526 Fax: Email: [execofficer@malagab2b.com.au](mailto:execofficer@malagab2b.com.au)

The Western Australian Department of Education and Training, offers your business up to a **\$200 Small Business Smart Business Training Voucher**, to assist you with the cost of training to improve your business management skills. These Vouchers may also be used to attend relevant conferences, seminars, coaching or mentoring programs. If you require assistance in identifying your training needs, please contact the above Administrator.

Training costs of \$100 or less are reimbursed in full. Training costs greater than \$100, will have the first \$100 reimbursed, plus 50% of the balance, to a maximum of a further \$100.

#### Eligibility:

- You must be a small business owner/operator or manager of a for profit business that employs less than 20 people (full & part time)
- Eligibility and training **must be approved** by the above Administrator before training commences.
- Training must be redeemed within 60 days of the completion of training; or by 30/06/2007, whichever is the earlier date. Vouchers received by the Administrator after the specified date will be deemed invalid and payment will not be made.
- ONE voucher only is available per ABN.

The Administrator agrees to reimburse the small business client the approved training voucher amount, after training has commenced. All claims must be supported by a training voucher along with training receipts.

If you have any queries regarding this application form, contact the above Administrator.

**Small Business Information**

ABN 

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Trading Name \_\_\_\_\_ Business Description \_\_\_\_\_

Size of Business  Less than 5 employees  5 or more employees but less than 20

Is the Business Registered for GST?  Yes  No Home based business?  Yes  No

Are you an indigenous organisation?  Yes  No How many indigenous people do you employ? \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ WA \_\_\_\_\_ Post Code \_\_\_\_\_

**Bank Account details for voucher reimbursement**

Bank Name \_\_\_\_\_ BSB No. \_\_\_\_\_

Account No. \_\_\_\_\_ Account Name \_\_\_\_\_

**Business Owner Information**

*This will be the name that appears as signatory to the Training Voucher*

Name\* Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ E-Mail \_\_\_\_\_ Signature \_\_\_\_\_

**Training Information**

Participant Type  Owner  Operator  Managerial Staff Employment Type  Full-Time  Part-Time

Participant Name Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Training Provider Name \_\_\_\_\_

Training Address \_\_\_\_\_

Training Location  Local Region  Other Non Metro Region  Metropolitan  Other (Internet, Interstate)

Area of Training \_\_\_\_\_

Course name/Description of training \_\_\_\_\_

Training Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Training End Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours of Training

Cost of Training (excluding GST) \$  GST \$  Total Cost (GST Incl) \$

Contact Person Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_ Phone No. \_\_\_\_\_

**Training Information**

Participant Type  Owner  Operator  Managerial Staff Employment Type  Full-Time  Part-Time

Participant Name Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Training Provider Name \_\_\_\_\_

Training Address \_\_\_\_\_

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Cost of Training (excluding GST) \$  GST \$  Total Cost (GST Incl) \$

Contact Person Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_ Phone No. \_\_\_\_\_

Please photocopy for additional Training or Participants