

Get up to a **\$200**
Small Business
Smart Business
training voucher



SMALL BUSINESS SMART BUSINESS APPLICATION FORM 2010

Swan Chamber of Commerce

Unit 1, 27 Old Great Northern Hwy, Midland, 6056

Ph: (08) 9374 5000 Fax: (08) 9274 3369 Email: sandra@swanchamber.com.au

The Western Australian Department of Training and Workforce Development, 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 31/12/2010, 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 _____

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. _____

Please photocopy for additional Training or Participants