



**UNGOOROO**  
ABORIGINAL CORPORATION

## Aboriginal Business Advisory Initiative (ABAI)

Hunter / North Coast & Mid North Coast



# ABORIGINAL BUSINESS ADVISORY INITIATIVE CLIENT REGISTRATION REFERRAL FORM

Registration Date:		Aboriginal Business Advisor (ABA)	
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### CLIENT PERSONAL DETAILS

Are you an Aboriginal or Torres Strait Islander?	No	Yes, Aboriginal	Yes, Torres Strait Islander
Title:	Mr	Mrs	Miss
First Name:			Last Name:
Gender:	Male	Female	Date of Birth:
Address:			
City/Suburb:		State:	Postcode:
Telephone Work:	Telephone Home:	Mobile:	
Email Address:			

### CLIENT DETAILS

Job Active Client:	Yes	No	Organisation:
Referral: <i>(How was the ABAI Client told about the service?)</i>	Centrelink	Brochure	NCAP/AEDO Officer
	Job Network	Friend	Other

### OTHER DETAILS

NSW Drivers Licence:	Yes	No	Expiry Date:	Class:
Do you have your own transport?	Yes	No		
Do you have a disability/health issues?	Yes	No		
If yes, please provided further details:				
Do you have your own equipment: <i>(e.g Boots, Tools)</i>	Yes	No		
How good is your reading or writing skills?	Very Good	Good	Not Good	Not at all



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### TRAINING DETAILS

What Certificates have you Completed:	
What Statement of Attainments have you gained?	
Other Licences/ Experience:	
What Training do you require?	
Notes:	

### BUSINESS ASPIRATIONS

What sort of work/ industry are you interested in setting up your business:					
Have you previously owned / do you own your own business?	<table border="1"> <tr> <td></td> <td>Yes</td> <td></td> <td>No</td> </tr> </table>		Yes		No
	Yes		No		
Please give details?					
What small business skills do you have? Please give details.					



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### ABAI CLIENT'S ACCEPTANCE OF REGISTRATION TO PROGRAM

This registration form is an agreement between you and the Aboriginal Business Advisory Initiative and the NSW Department of Education.

Please read it carefully and sign the bottom if in agreement.

You will give permission for the Aboriginal Business Advisor and ABAI to exchange information needed to assist them in providing business advisory support services.

The program would like to be able to use your non-confidential details and/or photographs for any publicity purposes pertaining to small business employment, vocational education and training and Departmental programs.

Your photo(s) may be reproduced in colour or black and white and may be altered, distorted or blurred for design purposes. You will not be consulted about the specific context in which your photo(s) and/or words appear.

The NSW Department of Education thanks you for your cooperation.

**Note:** To be able to sign this release form, you must be over 18 years of age. If you are not 18, we will need the written agreement of your parents or legal guardian before we can use this material.

**Yes, I have read this release and understand its meaning. I am over 18 years of age.**

ABAI Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ABAI Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_