



ECONOMIC GARDENING CENTRAL QUEENSLAND High Growth Business Program

Registration of Interest Form (Commercial in Confidence)

Program No 2 – March to June 2016.

Registrations close **Wednesday, 16 December**

Business and Trading names:

ABN:

Contact name:

Phone no:

Mobile no:

Email address:

Business address:

Website URL:

Your connection to the business (please tick):

Owner of the business

Part-owner of the business

Other (please specify):

Business structure (please tick):

Company

Sole Trader

Trust

Partnership

Other (please specify):

Years of operation:

years

months



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Business turnover in FY2014/15:

Business turnover in FY2013/14:

Number of employees (Part-time workers by total weekly hours worked):

Fulltime

Part-time

Casual

Please rank in order of importance what you perceive as priorities for your business in its current situation:

(1= Most important to 10= Least important)

<input type="text"/>	Increase profits
<input type="text"/>	Expand sales
<input type="text"/>	Expand business and numbers of employees
<input type="text"/>	Find solutions to ongoing issues and challenges
<input type="text"/>	Approach export markets
<input type="text"/>	Increase business knowledge and management skills
<input type="text"/>	Improve business efficiency
<input type="text"/>	Other (please specify) _____

Business plan:

Yes, we have a business plan

No, we do not yet have a business plan

Brief description of the business and products/services:

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List your key products/services	What % of your business profit do they represent?	Key target market and key customers for each	Is the sale revenue for each Declining , Static, or Growing?	Explanation for any significant changes
	%		<input type="checkbox"/> Declining <input type="checkbox"/> Static <input type="checkbox"/> Growing	
	%		<input type="checkbox"/> Declining <input type="checkbox"/> Static <input type="checkbox"/> Growing	
	%		<input type="checkbox"/> Declining <input type="checkbox"/> Static <input type="checkbox"/> Growing	
	%		<input type="checkbox"/> Declining <input type="checkbox"/> Static <input type="checkbox"/> Growing	

Identify how your product/service differs from those of your competitors:

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Your business promotion activities (in the last 6-12 months):

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Your business's long term objectives:

Outline your business objectives for the period 3 years from now and into the future

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Your expectations from participation in the Economic Gardening Program

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One to one coaching sessions (no charge):

Yes, I want to have the one-on-one coaching

No, I'm not interested

NB: Not all companies will be able to access the coaching as it is allocated on a selective basis.

**Reasons you believe you would benefit from the coaching sessions
(specify what kind of help you feel you need)**

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Requests for further information to:

Capricorn Enterprise

Neil Lethlean - Economic Development Manager

Email to: neillethlean@capricornenterprise.com.au

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Telephone: 4927 2055 Mobile: 0407 039 466

* The information provided in this application form will not be used for any other purpose than to facilitate the business' involvement in the Economic Gardening Program.