



TE HUNGA HAUĀ MAURI MŌ NGĀ TĀNGATA KATOA

Application form

CCS Disability Action's *My Business* programme supports disabled people who want to become self-employed.

We can provide connections and funding to a wide range of business services such as mentoring, training, office space, and personal support from our service staff.

This application form contains questions about your self-employment ambitions and about the types of supports that would be most helpful to you. We will use this information to develop recommendations for your personalised support.

We recommend that you provide any other information that you consider helpful. This information may include your curriculum vitae, your business plan, and information about your proposed/existing products or services. Feel free to include any product samples or imagery.

Please fill in this form and forward it together with any other material you consider relevant.

All the information will be kept confidential to the *My Business* team. You can trust the *My Business* team not to use your information inappropriately or to disclose it to any other party, without your express permission.

The *My Business* team will regularly review the applications and then create personalised Support Plans for all programme participants.

Please send your application to the *My Business* team

Email: Jonathan.Mackie@ccsDisabilityAction.org.nz

Post: PO Box 6349, Marion Square, Wellington 6141.

CCS DISABILITY ACTION REFERRAL FORM

Note that if you are not currently receiving support from CCS Disability Action you will first need to complete a self-referral form and meet with a CCS Disability Action support person at your local branch before completing the application form.

I authorise the *My Business* team to access the information that I have provided in the CCS Disability Action referral form

Yes No

YOUR DETAILS

Name:

Street address:

YOUR BUSINESS IDEA

Do you know what kind of business venture you wish to create?

If yes, what is your business idea and in what sector is it in?

What stage of development is your idea or your business at? Please include details of any significant milestones achieved.

Describe the products/services that you're offering or looking to offer?

Have you written a business plan? (If yes, include with this application)

Who are your target customers?

What are your growth ambitions for your business?

What are the biggest challenges to achieve your business goals?

Are there any other people involved in the business? (If yes, please provide details)

YOUR SUPPORT REQUESTS

What types of business-related support would be most helpful? (tick all that apply)

- Motivation to get started and stick with it.
- Help to come up with an idea for a business.
- Help to test to see if the idea is feasible.
- Support to write a business plan.
- Help to set up the business (if so, what parts do you need most help with?).
- Being mentored by an experienced business person.
- Using shared co-working office space in your local community.
- Accounting software and banking services.
- Advice on budgeting, taxes, cash management and administration.
- Connections to industry experts.
- Assistance with marketing.
- Internet and mobile services.
- Business training and courses.
- Funding for equipment.
- Help with getting to and from courses, clients and meetings.
- Help with communications, such reading and writing emails.
- General personal assistance (please provide details below).
- Any other support requests not covered above (please provide details below).

Of the above services that you have selected, which three would be most helpful to you and why?

Are there other specific supports, equipment or assistance, that CCS Disability Action can provide that would make self-employment easier for you?

How did you hear about this programme?

State in a maximum of 100 words why you would like to participate in this programme

CCS DISABILITY ACTION SUPPORT PERSON TO COMPLETE

Do you support this application to the *My Business* programme?

What Government contract does this person currently receive support under and what type of support do they receive?

Do you have any other comments?

Name:

Signature:

Date:

CCS Disability Action branch:

OFFICE USE ONLY BY THE MY BUSINESS TEAM

Date received:

Received by:

Signature: