

Te Ratonga Āwhina Pakihi
Business Facilitation Service
Client Enquiry Form



Te Puni Kōkiri
 REALISING MĀORI POTENTIAL

Applicant Details		Date / /	
Mr / Mrs / Ms / Miss (circle one)	First Name/s:	Surname:	
Date of birth:	Postal Address:	Physical Address: (if different from postal address)	
Telephone (Day):	Fax:	Mobile:	Email:
Information for Statistical Purposes Only			
Iwi:			Hapu:
Gender of key entrepreneur: (<input checked="" type="checkbox"/> Tick one)	<i>Where there is a split between male and female ownership/management, please indicate this by ticking the "Both Male & Female" box</i>		
	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Both Male & Female
Age: (Years) (<input checked="" type="checkbox"/> Tick one)	<input type="checkbox"/> Under 20	<input type="checkbox"/> 20-29	<input type="checkbox"/> 30-39
			<input type="checkbox"/> 40-49
			<input type="checkbox"/> 50+
Employment Status: (<input checked="" type="checkbox"/> Tick one)	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed	<input type="checkbox"/> Voluntary (Not for Profit)
	<input type="checkbox"/> Unemployed but not receiving any benefit	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Not in the Labour Force
Business Structure: (<input checked="" type="checkbox"/> Tick one)	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Business Partnership	<input type="checkbox"/> Registered Company
			<input type="checkbox"/> Trust/ Incorporated Society
			<input type="checkbox"/> Other (Specify) _____
How did you hear about BFS? (<input checked="" type="checkbox"/> Tick one)	<input type="checkbox"/> Friend	<input type="checkbox"/> Family Member	<input type="checkbox"/> Newspaper (please specify) _____
			<input type="checkbox"/> Radio (please specify) _____
			<input type="checkbox"/> Magazine (please specify) _____
	<input type="checkbox"/> Referral (please specify) _____	<input type="checkbox"/> Other _____	
Project Details			
What type of mentoring do you need? (<input checked="" type="checkbox"/> Tick one)	<input type="checkbox"/> Establishing a new business	<input type="checkbox"/> Business Expansion	<input type="checkbox"/> Business Turnaround or Strengthening
Please provide a brief description of your business or business idea?			
Would you like to receive information about business networks, opportunities and events that may assist your business?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Piki ake te tihi
Strive for excellence