

Te Ratonga Āwhina Pakihi Māori Business Facilitation Service Client Enquiry Form



Te Puni Kōkiri
REALISING MĀORI POTENTIAL

COMPLETE THIS TOP FORM ONLY

Applicant Details

Date / /

Mr / Mrs / Ms / Miss (circle one)	First Name/s:	Surname:	
Postal Address:		Physical Address: (if different from postal address)	
Telephone (Day):	Fax:	Mobile:	Email:

Information for Statistical Purposes Only

Iwi:	Hapu:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> 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"/> Limited Liability Company	<input type="checkbox"/> Trust / Incorporated Society
	<input type="checkbox"/> Other (Specify) _____			
How did you hear about MBFS? (<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 (Start-up/New business)	<input type="checkbox"/> Business Expansion (Existing business with new opportunities)	<input type="checkbox"/> Business Turnaround or Strengthening (Existing business)
Please provide a 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

Te Ratonga Āwhina Pakihi Māori Business Facilitation Service Client Registration of Interest



Te Puni Kōkiri
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**THIS CROI SECTION TO BE
COMPLETED WITH MBFS STAFF MEMBER**

Business Information

Business Name (if currently trading):			
Registered Address: (if business is a registered legal entity)		Website (Business):	
Telephone (Business):		Fax (Business):	
1. Is your business: (<input checked="" type="checkbox"/> Tick one)	<input type="checkbox"/> New / Start-up (if selected, GO TO QUESTION 7)	<input type="checkbox"/> Existing (currently trading)	
2. If currently trading, please <u>estimate</u> the date you started trading	_____ / _____ / _____		
3. If currently trading, what is the current annual turnover? (<input checked="" type="checkbox"/> Tick one)	<input type="checkbox"/> \$0 - \$49,999	<input type="checkbox"/> \$200,000 - \$249,999	<input type="checkbox"/> \$250,000 - \$499,999
	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> \$100,000 - \$149,999	<input type="checkbox"/> \$150,000 - \$199,999
		<input type="checkbox"/> \$500,000 - \$999,999	<input type="checkbox"/> \$1,000,000+
4. If in business, please provide an estimate of the number of employees (excluding the owner). (<input checked="" type="checkbox"/> Tick one)	Part-time (under 30 hrs/week)	Full-time (over 30 hrs/week)	
	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
	<input type="checkbox"/> 1-5	<input type="checkbox"/> 1-5	
	<input type="checkbox"/> 6-10	<input type="checkbox"/> 6-10	
	<input type="checkbox"/> 11-20	<input type="checkbox"/> 11-20	
	<input type="checkbox"/> 21-30	<input type="checkbox"/> 21-30	
	<input type="checkbox"/> 30+	<input type="checkbox"/> 30+	
5. If in business, do you have the following:	<input type="checkbox"/> Business bank account	<input type="checkbox"/> Accountant	
	<input type="checkbox"/> Advisor	<input type="checkbox"/> Lawyer	
6. If in business, are you GST registered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. What was your primary motivation to go into business? (<input checked="" type="checkbox"/> Tick one)	<input type="checkbox"/> Necessity (e.g. made redundant, couldn't find suitable employment)	<input type="checkbox"/> Opportunity (e.g. identified an opportunity or gap in the market)	
8. What is your core business (i.e the main economic activity of the business)? (<input checked="" type="checkbox"/> Tick one)	<input type="checkbox"/> Agriculture, Forestry, Fishing	<input type="checkbox"/> Financial and Insurance Services	
	<input type="checkbox"/> Mining	<input type="checkbox"/> Rental, Hiring and Real Estate Services	
	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Professional, Scientific and Technical Services	
	<input type="checkbox"/> Electricity, Gas, Water and Waste Services	<input type="checkbox"/> Administrative and Support Services	
	<input type="checkbox"/> Construction	<input type="checkbox"/> Public Administration and Safety	
	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Education and Training	
	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Health Care and Social Assistance	
	<input type="checkbox"/> Accommodation and Food Services	<input type="checkbox"/> Arts and Recreation Services	
	<input type="checkbox"/> Transport, Postal and Warehousing	<input type="checkbox"/> Other Services	
	<input type="checkbox"/> Information Media and Telecommunications		



Declaration

The following information outlines Te Puni Kōkiri's Māori Business Facilitation Service (MBFS) commitment to you and what the MBFS will expect from you. It also discusses MBFS indemnity and issues around confidentiality, and who can receive information about you.

The MBFS:

1. will provide you with timely, quality advice and information that can help you develop your business or business idea;
2. will take no ownership of any aspect of your business or business idea;
3. is not there to vet your business for the purposes of funding or any other purpose; and
4. cannot provide you with funding, but may help you access it from other sources.

Your agreement with the MBFS:

1. **Indemnity**

As a client of the MBFS I acknowledge that the MBFS representative is providing me with advice in good faith and using judgement based on the information available to the representative during the term with MBFS. I acknowledge that I will have no recourse against the MBFS or Te Puni Kōkiri if that advice proves faulty or incorrect.

2. **Confidentiality**

As a client of the MBFS I understand that all information I supply will be totally confidential to the adviser confided in, and will not be disclosed to any third party without my permission, unless required or permitted by the Privacy Act 1993 or otherwise required or permitted by law.

Where information supplied by me is being considered for MBFS case study purposes and/or promotional activity, the MBFS will consult with me and seek my permission for my information to be used in this way.

However, I authorise the MBFS to supply personal information supplied by me to:

- (i) Consultants and/or advisers who are engaged to provide services in the establishment, expansion or turnaround of my/our business; or
- (ii) Agencies or other entities that have referred me to the MBFS.

3. **Storing and Receiving Information**

As a client of the MBFS I agree to the MBFS storing the above information on Te Puni Kōkiri's database, and to be able to use any details in this form (excluding individual names) for publication and statistical purposes.

I agree that all information and any reports resulting from or as a result of the services provided by the MBFS shall be delivered or provided to the Te Puni Kōkiri Account Manager or Contracted Business Mentor for the purposes of and in accordance with the Public Finance Act 1989.

I agree to participate in surveys, evaluations and reviews undertaken either internally by Te Puni Kōkiri and/or their agents/representatives.

I understand that all information I supply in these processes (i.e. surveys, evaluations and reviews) will be treated with utmost confidentiality by the adviser confided in, and no individual data will be disclosed to a third party, however, data may be aggregated but in no case shall any data about any individual or business be released publicly.

Signed:..... Date:.....