Please complete all the fields, unless indicated that the field may not be applicable. If filling in by hand, attach additional pages if more space is required.

**Part 1: Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  The owner or one of the owners of the business. | Title - Ms/Miss/Mrs/Mr | | |
| First Name | | |
| Last Name | | |
| **Contact details** | **Landline** |  | |
| **Mobile** |  | |
| **Email** |  | |
| **Name of business**  The name must be used on business related communication. | Name used on business communications or name intended for new business | | |
| **Address** | **Postal** | |  |
| **Registered address (if applicable)** | |  |
| **Physical** | |  |
| **Business email** If applicable | Email | | |
| **Business website** If applicable | Web address | | |
| **Have you previously received support from Te Puni Kōkiri?**  If so, what for? | List date, support received and outcome | | |

**Part 2: Information about you for statistical purposes**

|  |  |  |
| --- | --- | --- |
| **Affiliation** | Hapū/Iwi | |
| Unknown |  |
| **Gender** | Male | Female |
| **Age (years)** | Under 20 20 – 29 30 – 39 40 – 49  50 – 59 Over 60 | |
| **What is your highest educational qualification?**  Check one | No qualifications  Secondary School qualification (equivalent to NCEA Level 1-3)  Post school (excluding university) (equivalent to NCEA Level 4-6)  Bachelor degree (equivalent to NCEA Level 7-8) | Higher degree (equivalent to NCEA Level 9-10, or Master degree and Doctorate degree)  Other (please specify in field below) |
| Other | |
| **How did you hear about Te Puni Kōkiri Māori Business Growth Support?**  Check one | Friend  Family member  Websites  Social media | Newspaper/magazines  Referral (specify from where or who in field below)  Other (specify in field below) |
| Referral or Other | |

**Part 3: Business details**

If there are potential conflicts of interest and/or commercial sensitivity at a regional level regarding the information being collected in this form, please contact the Principal Advisor, Māori Business Growth at National Office in the first instance.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **What is the structure of your business?**  Check one | Sole trader  Partnership  Limited liability company | | | Trust/incorporated society  Other (e.g. cooperative, joint venture, please specify below) | | |
| Other | | | | | |
| **Business ownership**  Check one | Individual(s) owned  Whānau owned  Hapū owned | | | Iwi owned  Other (eg,coalition, cooperative) | | |
| **GST number** (If registered) | GST Number | | | | | |
| **NZ Business Number** (If registered) | NZ Business Number | | | | | |
| **Understanding your business** | **What is your core business activity?**  Business activity | | | | | |
| **What are your core products/services?**  Products/services | | | | | |
| **What are your core markets and distribution channels?**  Markets and distribution | | | | | |
| **What knowledge do you have of your competition?**  Competition | | | | | |
| **Is your business currently involved in exporting?** (Check one)  Do not exportSome exportsPrimarily exports | | | | | |
| **How long has your business been operating?** | Years | | | | | |
| **Financial information for the last two years**  Note: Evidence of financials may be required to support an application for Te Puni Kōkiri funding for business support.  Number of employees excludes the owner(s). | Financial year | Revenue | Expenses | | Full time employees  30hrs or more/week | Part time employees  Less than 30hrs/week |
| Yr 1 | $ | $ | |  |  |
| Yr 2 | $ | $ | |  |  |
| **Do you currently receive regular advice and support from other sources (e.g. accountant, lawyer)?** | Names of business support or advisors | | | | | |
| **Do you work full-time on the business?** | Yes | | | No | | |
| **If no, are you:**  Employed full time | | | Employed less than 30 hrs/week | | |

**Part 4: Business growth support request**

|  |  |
| --- | --- |
| **What is the problem, need or opportunity you need to address?** | **Problem/need/opportunity:**  what, why, when, where, how |
| **Background of work completed to date** |
| **What barriers do you face to address the need?** | Experience, staff, resoureces |
| **Describe in detail the type of support you believe you need.**  Includes:   * Support required, e.g.: assistance with planning (business, strategic, marketing, financial); mentoring/coaching; access to specialist support for sector. * The timeframe over which the support is needed. * The resources can you commit to the work. * Other opportunities considered to address the need. | Support required |
| **What are the outcomes you expect to achieve?**  How and when will the requested support result in productivity gains to your business? | **Immediate outcomes**  Immediate outcomes |
| **Longer term outcomes**  Longer term outcomes |

### Privacy Statement

Te Puni Kōkiri is required to comply with the provisions of the Privacy Act 2020. Organisations collecting personal information on behalf of Te Puni Kōkiri will comply with the provisions of the Privacy Act 2020.

Te Puni Kōkiri requires the personal information requested in this document to understand your business growth support need and assess what information, advice or support may be provided.  We will use the information for this purpose only and not disclose your information unless authorised by you or as permitted by law.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong.

For a copy of your information, or to have it corrected please contact us at Te Puni Kōkiri PO Box 3943 Wellington.

### Registration Agreement

By registering for Te Puni Kōkiri Māori Business Growth support, I understand that:

1. Te Puni Kōkiri:
   1. may provide me with information, advice or support based on the information provided in this registration form;
   2. may be able to provide Te Puni Kōkiri-funded business support services as part of an agreed business growth plan;
   3. provides information, advice and support in good faith, but takes no responsibility for any aspect of my business idea or business;
   4. cannot vet my business for the purposes of funding or any other purpose; and
   5. cannot provide finance for my business, but may be able to help me access it from other sources.
2. Should I receive Te Puni Kōkiri funding for business growth support, summary details (business name, short description and amount) will be published on Te Puni Kōkiri website, subject to privacy and commercial sensitivity provisions in the Official Information Act 1983.

|  |  |
| --- | --- |
| **Signed** |  |
| If I am unable to scan and email a signed copy, I, **Enter Name**, acknowledge that by checking the box and emailing this form to Te Puni Kōkiri, I have read, understood, and ‘in effect’ signed the Registration Agreement. | |
| **Date** |  |