Enrolment application

* indicates a required field

Enrolment overview

The <u>Business Innovation Program</u> helps Northern Territory businesses to develop and commercialise innovation concepts.

Your completed enrolment application will be reviewed by the Business Innovation team to determine your eligibility and your nominated Innovation Advisor to determine your suitability for the Program.

If your enrolment is successful you will be sent information on how to book your initial meeting with your nominated Advisor, to seek their endorsement of your project.

If your enrolment is unsuccessful you will be advised in writing and offered the opportunity to have a debrief with the Business Innovation team.

Are you a current employee of the Northern Territory Public Sector (NTPS)?

Northern Territory Public Sector employees must abide by the *Public Sector Employment* and *Management Act 1993* and NTPS Code of Conduct, which include matters related to outside employment and conflict of interests. If you are an NTPS employee you are responsible for seeking relevant approvals through your agency. Contact your agency's Human Resources team for more information.

Business details

The Australian Government provides a guide for starting a business.

An Australian Business Number (ABN) is a number that identifies your business and you will need it for tax and other business activities. Find out how to register an ABN through the Australian Government.

Applicant ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register

ABN

Entity name

ABN status

Entity type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type	More information			
ACNC Registration				
Tax Concessions				
Main business location				
Must be an ABN.				
Entity Name * Organisation Name				
As per the ABR entity na	ame			
Trading Name *				
Can be the same as you	ur entity name			
Entity type * ○ Company ○ Par	rtnership 🔾 Sole Trader 🔾 Trust	O Incorpo Associa		Aboriginal Corporation
Entity type as per ABR lo	ookup	ASSOCI	acion	
Trust Deed				
If your Legal Entity is confirmation of who y	a Trust , you will need to upload a co our Trustee is.	opy of the ⁻	Trust De	eed to provide
Entity name in the B	usiness details section should be writ	ten as;		
	rustee for ABC Family Trust ustee for ABC Family Trust			
Please contact you	r accountant if you are unsure.			
Trustee Name *				
Copy of trust deed Attach a file:	*			
Aboriginal Corpo	rations and Associations			
Confirmation of intent	t by Board to participate in the progra	am.		
Has the Board confi ○ Yes	firmed their intent to participate	in the pro	ogram?	*
Evidence of confirm Attach a file:	nation of intent by Board *			

Requirements: meeting minutes must be from a duly constituted meeting where it has been agreed that the Department of Trade Business and Innovation be approached for assistance through the BIP. The meeting must have a quorum and be attended and signed by Directors registered for that organisation.

Identifying as an Aboriginal Business Enterprise

To be an Aboriginal Business Enterprise, the business or community organisation must:

- be 51% or more Aboriginal owned
- operate as a business, including companies, incorporated associations, sole traders, partnerships, trusts and social enterprises or registered charities if they are operating as a business
- demonstrate that Aboriginal and Torres Strait Islander people are involved in the daily operation and have effective control at least equal to the degree of ownership, and
- be registered with either of the following approved certifying authorities:

NT Indigenous Business Network (NT IBN)

- info@ntibn.com.au or ceo@ntibn.com.au
- Phone: <u>08 8999 6268</u>
- www.ntibn.com.au

Supply Nation

- reception@supplynation.org.au
- Phone: 1800 055 292
- www.supplynation.org.au

Office of the Registrar of Indigenous Corporations (ORIC)

- info@oric.gov.au
 Phone: 1800 622 431
 www.oric.gov.au/
- www.oric.gov.au/

	re you an Aboriginal Business Enterprise Yes	e? * ○ No
	y business is certified with * NT Indigenous Business Network Supply Nation ORIC	
Membership/ registration number if relevant:		
If w	nore than one congrete with a commo	
IT M	nore than one, separate with a comma	

Business contact details

The Department will use the below details to make contact with you, should we require anything further.

Enrolment application

Form Preview

Primary business address MUST be completed in full and include relevant **shop/ office/ unit numbers.**

If your primary business address does not appear in the drop down, click "Can't find your address" and complete address manually $\frac{1}{2}$

Your primary business location in the N ⁻ ○ Darwin and surrounding areas ○ Barkly ○ Katherine ○ Alice Springs	 East Arnhem Daly-Tiwi-West Arnhem Central Australia (outside of Alice Springs)
Physical Address * Address	
Address Line 1, Suburb/Town, State/Province, Post	tcode, and Country are required.
Postal Address * Address	
Address .	
Address Line 1, Suburb/Town, State/Province, Post	tcode, and Country are required.
Primary Phone Number *	
Must be an Australian phone number. Please include area code.	
Primary Email Address *	
Must be an email address.	
Primary Website	
Must be a URL.	
Key Contact Person	
This person must be an authorised person of Chairperson / Public Officer.	the organisation e.g. Director / Secretary /
Contact Person * Title First Name Last Name	
Position *	

District Chairman Chairman da
e.g. Director, Secretary, Chairman etc.
Phone Number *
Must be an Australian phone number. Please include the area code.
Email Address *
Must be an email address.
Proposed Innovation
* indicates a required field
The information you provide below will be used to determine if you are eligible for
progressing into Stage 1 of the Program, and should be concise and informative.
Please provide a brief description of your innovation concept *
Word count: Must be no more than 200 words.
Must be no more than 200 words.
What is the problem your innovation concept seeks to solve? *
Ward accept
Word count: Must be no more than 100 words.
How has this problem been solved to date? *
Word count:
Must be no more than 100 words.
How will you solve this problem? *
Word count:
Must be no more than 100 words.

Describe the market for your concept *

Word count: Must be no more than 100 words. Provide an overview of your custome	ers and why they will purchase your pro	oduct
What benefits are there for t	he Territory when you commerc	cialise your concept? *
Word count: Must be no more than 200 words.		
Have you previously commercom	cialised innovation? * ○ No	
Please provide a summary of including when and where, a	your previously commercialise nd the outcomes delivered *	d innovation,
Word count: Must be no more than 200 words.		
Supporting Documents		
For example business plan, proje	ect plan, slide deck, pitch document	s, etc.
Please upload a copy of your business plan:	Attach a file:	
Nominate Stage 1 Adviso	r	
For a list of registered Innova	ation Advisors, follow these ste	ps:
1.Visit https://innovation.nt.go2.Under the 'Type of Advice' Program	v.au/ecosystem/advice and tab on the left of the screen, selec	t Business Innovation
	to do their own due diligence when rs for more information, however ca	
	tion Advisor for Stage 1 of the	program *
 ACTIO (ACTIO Group) Angel Loop Foundation (Ange Darwin Innovation Hub (Darw Deloitte (Deloitte Touche Toh DICE Aust. Pty Limited (DICE 	vin Innovation Hub Advisory) nmatsu)	

 HutSix (HutSix Pty Ltd) Impact Innovation (Impact Jamie Toyne Consulting (Consulting (Consulting (Consulting Impact Jude Ellen (Rust 490) LarriKin Interactive (Larriko LeapSheep (Leap Enterpromation Menzies School of Healthor Ratio Consulting River City Labs (Australian Startup Onramp (Startup Innovation Advisors must be reg 	t Innovation Group Pty Ltd) Great Leo Pty Ltd) Kin Interactive Pty Ltd) Great Group Pty Ltd) Great Leo Pty Ltd) Grea
make payment to the the received for Stage One ad	minating a stage 1 Advisor, I accept responsibility to Advisor for any amount in excess of the grant funding visory services m responsible for any contribution above the \$2000 maximum
Business Innovation	Network
* indicates a required field	
The following questions will n	ot affect the outcome of your enrolment application.
Are you currently a memb Territory? *	er of our Business Innovation Network Northern
 Yes I am a member The Business Innovation network 	O No I am not a member, but O No - I do not wish to join I would like to be provides monthly email updates and is a Northern Territory never provide your details to a third party or spam you.
I am interested in receiving □ Business Innovation Netw □ Women in innovation and □ Innovation and STEM for Business Innovation and STEM for Business Innovation (e.g. hyperial properties) □ Drone technology □ Digital technology and interest Innovation Central Austra At least 1 choice must be selected Select all mailing list options that	ork NT STEM kids and youth Aboriginal Territorians ydrogen, de-carbonisation) novation nanufacturing lia ed.

Declaration

* indicates a required field

Unattested Declaration under the Oaths, Affidavits and Declarations Act

- I have read, understood and agree to comply with the <u>Terms and Conditions</u> of the Business Innovation Program ("BIP"/ "Program");
- I understand some business/ organisation and contact information that we give to the Department as part of this application may be listed publicly and I acknowledge the disclaimer regarding how the information I provide will be stored and used;
- By completing this declaration I confirm that my business is not under external administration or in liquidation, is not insolvent and I have no reason to believe that it will become insolvent during the course of the program;
- My business is not currently being investigated by any law enforcement agency for fraud, including without limitation for Work Health or licensing related matters;
- I understand and consent to the Department conducting any due diligence in relation to my business as it sees fit, including but not limited to conducting spot audits and site inspections;
- I will advise the Department immediately if any details relating to my business/ organisation changes during the course of the Program;
- Submitting this enrolment application does not obligate the Department to accept me into the Program and my enrolment application is subject to eligibility assessment for acceptance into the Program;
- In the event that my business is successful in being enrolled to participate in the Program, I understand that the information submitted in this application will be provided to my nominated Stage One Advisor to inform their decision of accepting me as a client;
- By applying to participate as an Eligible Recipient, I understand that my business/ organisation must comply with all laws relevant to carrying out my business and my participation in the Program, including without limitation to all statutory requirements in relation to the program, and the obligations on persons to report unlawful activity under the Independent Commissioner against Corruption Act (NT);
- My business/ organisation fully releases and indemnify the Department against any loss or damage they may suffer of any nature whatsoever (including without limitation personal injury or death) caused or contributed to by participation in the Program;
- All information contained in this application together with any attachments are complete, true and correct to the best of my knowledge
- I acknowledge that any incorrect or misleading information submitted in this application may result in this application being rejected and/or legal action being taken against the applicant;
- I am a principal of the business/ representative of the organisation and I am duly authorised to make this Declaration.

This declaration is true and I know that is an offence to make a declaration that is false in any material particular $\mbox{\ensuremath{^{*}}}$		
○ Yes		
This declaration is made at *	Location or town the declaration is made at, eg. Darwin, Alice	

Name * Title First Name Last Name

Springs, etc.

Date of birth *	Must be a date.
Position held *	
	e.g. Sole Trader / Director / Secretary / Chairperson / Public Officer
Date of declaration *	Must be a date.

Privacy Statement

The information you provide in this application is necessary to determine the suitability of your organisation for Northern Territory Government grant funding and will be used for this purpose and other purposes outlined below. If you do not provide the requested details, we may not be able to process your application.

If your organisation's application is successful, the Northern Territory Government will make details of the grant funding available to the general public. By signing this application form you consent to your personal information being provided to other Northern Territory Government agencies and the public for this purpose and for the purpose of reporting the outcomes of the grant funding. You can access, correct and update the personal information you provide to the Northern Territory Government by contacting the Department on 1800 193 111 or emailing innovation@nt.gov.au.

To read the Department's policy on the collection, use, disclosure and protection of personal information collected please go to https://industry.nt.gov.au/publications/business/policies/privacy-policy