

Expression of Interest – Business Mentoring Program

Name _____

Business Name (if applicable) _____

Address _____

Phone/Mobile _____

Website (if available) _____

Email _____

Industry: Agriculture Horticulture Tourism Small Business/Other

(Please circle or highlight the sector that best describes your business)

Your business: New (less than 1 year) OR Existing *(please circle or highlight)*

Is your business registered for GST: Yes (If yes, ABN _____) No

Please describe the nature of your business

Please provide an overview of how a business mentor would help your business and/or business plans and what potential impacts (such as business growth, employment, capital investment (\$), investment in technologies to improve efficiencies etc.) you wish to achieve.



Australian Government
Department of Agriculture

