

About this form

You should use this form to advise your Self-Employment Assistance Provider of changes to your circumstances.

When to complete the form

In accordance with your Small Business Coaching Agreement, you are required to notify your Provider in writing immediately of a relevant change in your circumstances.

Who completes the form

Participants receiving Small Business Coaching must notify their Provider in writing if there is a relevant change in their circumstances. This means that if business partners and/or a partner receiving Small Business Coaching must separately advise their Provider if they are also affected by these or other circumstances. Failure to do so may result in a suspension of Small Business Coaching and where applicable, Self-Employment Allowance and Self-Employment Rental Assistance.

Your information and privacy

The collection, use and disclosure of personal information is protected by law, including the Privacy Act 1988 (Privacy Act). In the Workforce Australia Privacy Notification and Consent Form, we have provided you with important privacy information about the collection, use and disclosure of your personal information. You should ensure that you have read and understood this information.

More information is available from dese.gov.au/privacy or your Provider. Further information about the Privacy Act is available from the Office of the Australian Information Commissioner at www.oaic.gov.au.

Where to send this form

Once completed and signed you must return this form to your Provider. Please keep a copy for your records.

Your current details

1 Your Job Seeker ID No.

Your full name

Changes to your circumstances

2 Your previous name (if applicable otherwise leave blank)

Change of address/phone number/email

Home Business

Both home and business

3 Previous address

Postcode:

Telephone Number: ()

Mobile Number:

Fax Number: ()

Email:

4 New address

Postcode:

Telephone Number: ()

Mobile Number:

Fax Number: ()

Email:

Change of Business Name

5 Previous

New

Change of Bank Details

6 Previous Bank/Credit Union

BSB

Account No.

New Bank/Credit

Union BSB

Account No.

Other Changes of Circumstances

(Give details and include date of effect. If insufficient space, attach information on a separate piece of paper.)

Other changes in circumstances could include, but not limited to, illness, incapacity, intention to relocate your Business, closing your Business, resuming employment or study, change of Commonwealth benefit, change to the hours you are working in your business, change in controlling interest of your Business, or any other change in circumstances that may affect your eligibility for Small Business Coaching and entitlements to Self-Employment Allowance and Self-Employment Rental Assistance.

Declaration

7 *I certify that the information that I have supplied on this form is complete and correct to the best of my knowledge and I acknowledge that false information may lead to refusal, suspension or termination of Small Business Coaching and where applicable, Self-Employment Allowance and Self-Employment Rental Assistance.*

I confirm that I have read, understood and agree to the collection, use and disclosure of my personal information in accordance with the privacy statement and the Self-Employment Assistance – Small Business Coaching Change of Circumstances Notification Form.

If you are unable to sign due to a disability, please complete all required fields, mark the relevant signature block with the words "unable to sign" and email it to your Self-Employment Assistance Provider. They will contact you to confirm alternative signature arrangements based on your circumstances.

Signature

Date (dd/mm/yyyy):