



Australian Government

Workforce Australia

Self-Employment

Self-Employment Assistance

Small Business Coaching Quarterly Report

About this form

This Quarterly Report allows you and your provider to monitor the progress of your business and your continuing eligibility for Small Business Coaching. Giving false or misleading information is a serious offence.

NOTE: This form is a SmartForm designed to be used in Adobe Acrobat Reader. Adobe Acrobat Reader software must be set as the default program for .pdf documents. If you do not do this you may experience difficulties using this form. If you do not currently have the Adobe Acrobat Reader software program, it is available as a free download from the [Adobe website](#).

When to complete this form

You will need to complete a Quarterly Review after each Financial Quarter for the duration of your period of Small Business Coaching. This form must be lodged with your Self-Employment Assistance Provider within 10 business days after the end of each Financial Quarter. Failure to do so may result in the suspension of your Small Business Coaching. A Financial Quarter is a period from:

- 1 July to 30 September;
- 1 October to 31 December;
- 1 January to 31 March; and
- 1 April to 30 June.

If you commenced Small Business Coaching less than four weeks before the end of a Financial Quarter, you are not required to submit a Quarterly Report to your provider for that quarter.

You must only include your personal details on this form. Any of your business partners who also receive Small Business Coaching must lodge a separate Quarterly Report.

Your information and privacy

The collection, use and disclose 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 www.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.

Your details

1. Job Seeker ID
2. Full name
3. Your contact phone number

Your participation in Small Business Coaching

4. Financial Quarter (dd/mm/yyyy to dd/mm/yyyy) to
5. Have you maintained your business insurance throughout the Financial Quarter, and attached your proof of insurance to this form? The proof of insurance should generally be either be a certificate of currency or proof of payment of your insurance.

Yes No

6. If you currently receive Self-Employment Allowance, did you earn any External Income* in the financial period being assessed?

Yes No I do not receive Self-Employment Allowance

If YES, give the amount of gross External Income:

If YES, what were the source(s) of External Income:

**External Income includes income that does not come from your business, your partner, Services Australia, Self-Employment Allowance or Rental Assistance. If you're unsure if a source of income needs to be reported, speak with your provider.*

Business income summary

7. How does your income statement compare with the cash flow forecast in your Business Plan?

	BUDGET (as specified in your Business Plan)	ACTUAL
(A) Revenue		
(B) Cost of Sales		
(C) Gross Profit (A minus B)		
(D) Other Operating Expenses		
(E) Operating Income (C minus D)		
(F) Business' Net Income (E minus interest payments, taxes and non-operating expenses)		

8. If you are not the sole operator of your business, what percentage of the business' net income are you entitled

Business income summary

I certify that the information supplied on this form is complete and correct to the best of my knowledge. I acknowledge that false information will lead to termination of my Small Business Coaching and where applicable, Self-Employment Allowance and action to recover any payment falsely obtained will be instigated.

If you are completing this form electronically, please print the completed form, sign in the provided signature block and send to your provider. If you are unable to sign due to a disability, please complete all required fields, mark the signature block with the words "unable to sign" and email it to your provider. They will contact you to confirm alternative signature arrangements based on your circumstances.

Signature

Date (dd/mm/yyyy)