

Dear NEIS Participant,

Course # – ESD4E

Monthly Contact Form

It is a Department of Employment requirement that we maintain Monthly Contact with you during the first 12 months of your business.

Please complete the following details and return to us on the
15th of EVERY month.

Forms may be submitted by

E-mail: info@sydneybusiness.org.au

Fax: 02 9415 2624

Phone: 02 9415 2630

Attn: Hendra

Attn: Hendra

Ask for Hendra

**Delays in returning this form will result in the
withdrawal of your NEIS allowance.**

| | |
|--|--|
| Your Name | |
| Business Name | |
| Today's Date. | |
| Gross Income Generated from the last 30 days. | |
| External Part-Time Income since last Quarterly Return | |
| Are you and all the partners working full-time in your Business? | <input type="checkbox"/> Yes <input type="checkbox"/> NO |
| Is your business being operated in accordance with the Business Plan? | <input type="checkbox"/> Yes <input type="checkbox"/> NO |
| What Marketing Strategies will be employed during the next month? | |
| Are there any difficulties? | |
| Appropriate Insurance Taken Out? | <input type="checkbox"/> Yes paid in full <input type="checkbox"/> NO <input type="checkbox"/> Yes pay by the month |
| Have you attached current evidence of appropriate insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> NO |