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**OFFICIAL APPLICATION FORM 2017**

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| --- | --- |
| **Name of Entrant (Company/Department/Individual):** | **In the event that you win an award, please state the name**  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **and title of the person (one only) who will accept the award** |
| **Postal Address:** | **at the Award Presentation Function** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Name:** |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Location of Judges Visit:** | **Title:** |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_` | **What is the ownership of the business?** |
| **Name of Contact Person:** |  (Owner operated, corporate, other - please specify) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **How many employees (Full Time Equivalent) do you have?** |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Number of words in entry (not including a cover page)** \_\_\_\_\_\_\_\_ |
| I have no objection to my business being considered for media coverage **Yes** |
|  Please tick the box to confirm that your business/organisation satisfies all regulations and licensing requirements, and that all |
| statutory liabilities - Workcover, income tax, GST, Payroll Tax (if applicable) have been paid. |
| **SELECTED CATEGORIES (Please tick)** |
| C:\Users\kelli.finlayson\AppData\Local\Microsoft\Windows\INetCache\IE\NH00N5A4\Check_mark_23x20_02.svg[1].png | Business of the Year |
|  | Home Based and Micro Business - *1 to 3 employees/FTE (full time or equivalent)* |
|  | Small Business or Division of a business - *4 to 10 employees/FTE (full time or equivalent)* |
|  | Medium Business or Division of a business - *11 to 30 employees/FTE (full time or equivalent)* |
|  | Large Business or Division of a business - *31+ employees/FTE (full time or equivalent)* |
|  | Tourism & Hospitality |
|  | Advanced Manufacturing & Industry |
|  | Retail Business |
|  | Health & Wellbeing |
|  | Family Business *Second generation or more* |
|  | Customer Service |
|  | Emerging Business - *under 3 years* |
|  | Best First Year Entry |
|  | Innovation, Research & Development |
|  | Corporate Social Responsibility |
|  | Regional Business |
|  | Accessible Business |
|  | Sustainable Business |
|  | Health Promoting Workplace |
| **Please note:** This form is an overview only and is not to be seen as a substitute for the criteria to be answered in the body of the submission. Submit your entry as a WORD doc on [**www.gbea.com.au**](http://www.gbea.com.au)and post or deliver three (3) printed copies of your submission with a copy of application form attached to each to: **Powercor Geelong Business Excellence Awards, Level 2/10 Moorabool St, Geelong 3220** |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and an authorised person for this business declare that1. the financial and business performance information included in this entry has been presented so as to give a fair and true record of the trading of the business and
 |
| 1. at the date of this declaration, there are reasonable ground to believe that the business is solvent and can pay its debts as and
 |
|  when they fall due |
| **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |