



## OFFICIAL APPLICATION FORM – BUSINESS ENTRY - 2020

Name of Entrant (Company/Department/Individual):

Postal Address:

Location of Judges Visit:

Name of Contact Person:

Telephone:

Email:

In the event that you win an award, please state the name and title of the person (one only) who will accept the award at the Award Presentation Function

Name:

Title:

What is the ownership of the business?

(Owner operated, corporate, other - please specify)

How many employees (Full Time Equivalent) do you have?

Number of words in entry (not including a cover page)

Please note: Word count includes business summary section.

### SELECTED CATEGORIES (Please tick/highlight)

<input checked="" type="checkbox"/>	Business of the Year (all entries are automatically eligible for Business of the Year)
<input type="checkbox"/>	Innovation, Research & Development
<input type="checkbox"/>	Safe and Healthy Business
<input type="checkbox"/>	Advanced Manufacturing & Industry
<input type="checkbox"/>	Best First Year Entry
<input type="checkbox"/>	Sustainable Business
<input type="checkbox"/>	Corporate Social Responsibility
<input type="checkbox"/>	Customer Service
<input type="checkbox"/>	Digital Engagement
<input type="checkbox"/>	Emerging Business – Under 3 years
<input type="checkbox"/>	Health and Wellbeing Promoting Workplace
<input type="checkbox"/>	Home-based and micro business
<input type="checkbox"/>	Inclusive & Accessible Business
<input type="checkbox"/>	Medium to Large Business or Division/Department of a business – 21+ employees/FTE (full time or equivalent)
<input type="checkbox"/>	Regional Business
<input type="checkbox"/>	Retail Business
<input type="checkbox"/>	Small Business or Division/Department of a business - 4 to 20 employees/FTE (full time or equivalent)
<input type="checkbox"/>	Tourism & Hospitality

How did you hear about the awards? \_\_\_\_\_

Approximately how many hours did it take to complete your entry? \_\_\_\_\_

I have no objection for my business summary content being used for potential media coverage Yes ☐ No ☐

I agree to receiving marketing material related to the awards from the Geelong Chamber and sponsors Yes ☐ No ☐

☐ 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.

**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 PDF doc on [www.gbea.com.au](http://www.gbea.com.au) by 4.00 pm, Friday 24 July 2020.

I \_\_\_\_\_ as \_\_\_\_\_ and an authorised person for this business declare that

- (i) 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;
- (ii) 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: \_\_\_\_\_