Registration for the Rural Growth - Farm Business Resilience Program in the Southern Rangelands

You can save this document at any time and come back to it later.

To lodge the form please save the form and click the email send button (on the last page), or print and scan the document and send via email as attachment to info@fbr.org.au or print and post it to PO Box 1432 TOODYAY 6566.

Please click the relevant boxes below and complete at least up to page 3 before submitting.

Please enroll our business into the program (select your preferred location in the box below)	
The current dates and locations don't work for our business, are there other options?	
We already have a Business / Strategic Plan and wish to update it as part of the program	

Our preferred location is:

click to select

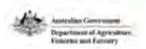
Please complete the information in the required fields marked with a red outline and asterisk *.

You can add the details of your other potential participants on the subsequent pages.

First Name:*		
Family Name:*		
Preferred name / Nickname:		
Title: Mr, Mrs, Ms, Miss etc		
Gender:	Female	Male
Home Address:*		
Home Address Line 2:		
Town:*		
Postcode:*		
Postal Address (if different to the above):		
Postal Address Line 2:		
Suburb/Town:		
Postcode:		
Landline Phone:		
Work Phone:		
Preferred Contact Number:*		
Email Address:*		
Role in the business / relationship in the family		
I will have a smart phone or device		
(android/iphone/ tablet) of my own which I can	Yes	No
use during the workshops		
Will you be seeking a subsidy (i.e. full refund of course fees) when you have completed the program?	Yes	No

Our trading name is:

Our ABN is:







The Farm Business Resilience Program is jointly funded through the Australian Government's Future Drought Fund and WA's Department of Primary Industries and Regional Development.

The information in this section will not be used in any way other than to prepare for the delivery of the program.

Age Group	
a. Under 20 years old	
b. 20 to 30 years old	
c. 30 to 40 years old	
d. 40 to 50 years old	
e. Over 50 years old	
I am from a culturally and / or linguistically diverse background	
English is not my first language	
I have an impairment / disability, and I may need assistance to complete the program	
I am from an Aboriginal / Torres Strait Islander background	

In the past I/we have participated in the following programs

Southern Rangelands Revitalisation Program	
MLA Production focused programs – i.e., Grazing for Profit	
Please name or describe*	
Business or Finance focused programs i.e., The 2014-2017 Pastoral Profit program of MLA and Wool Innovations	
Please name or describe*	
Rangelands NRM programs	
Please name or describe*	
RCS programs	
Please name or describe*	
Another relevant program	
Please name or describe*	

Please rank what you would like the program to focus on -1 = low 5 = high: (type the number below)

Building a Strategic Plan for the Business	
Business Structures	
Financial Planning	
Production Planning	
Family Communications	
Managing myself and my staff	
Succession Planning	
Management for Market Volatility	
Climatic Change Management	
Risk Management	
Scenario, Futures and Visioning	
Change Management	

Briefly describe what you hope to get out of p Resilience Program	participating in the Rural Gro	wth – Farm Business
I understand that I / we may be asked to of the program during the modules, and Department of Primary Industries and Re (DPIRD) and DPIRDs subcontractor Cle	afterwards by the egional Development	
Please tick the box to indicate you under statement	rstand the above	
If you have no extra participants to add to now lodge the form using the links below		g pages, you can
To lodge your form please		
either click the email button>	· ·	create an email for you to send. quired information as an attachment
or print and attach the completed pages to an	email to info@fbr.org.au	
or print and post to PO Box 143	32 TOODYAY WA 6566	







If more than one participant from the business is attending, please provide their details Second attendee

First Name:*		
Family Name:*		
Preferred name / Nickname:		
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Gender:	Female	Male
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Role in the business / relationship in the family		
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Third Attendee (additional attendees may be required to pay a \$500 fee that is refundable on completion of the course)

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Family Name:*		
Preferred name / Nickname:		
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Gender:	Female	Male
Home Address:*		
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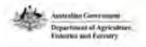
Your email system should create an email for you to send. The email will just send the required information as an attachment.

or print and attach the completed pages to an email to info@fbr.org.au

or print and post to



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