

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

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:*	
<i>Role in the business / relationship in the family</i>	
<i>I will have a smart phone or device (android/iphone/ tablet) of my own which I can use during the workshops</i>	Yes No
<i>Will you be seeking a subsidy (i.e. full refund of course fees) when you have completed the program?</i>	Yes No

Our trading name is:

Our ABN is :

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	
AWI / MLA Production focused programs i.e., Grazing for Profit, Lifetime Ewe Bullseye	
<i>Please name or describe*</i>	
Business or Finance focused programs i.e., <i>The 2014-2017 Pastoral Profit program of MLA and Wool Innovations</i>	
<i>Please name or describe*</i>	
Rangelands NRM programs	
<i>Please name or describe*</i>	
RCS programs	
<i>Please name or describe*</i>	
Another relevant program	
<i>Please name or describe*</i>	

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 participating in the *Rural Growth – Farm Business Resilience Program*

I understand that I / we may be asked to participate in evaluation of the program during the modules, and afterwards by the Department of Primary Industries and Regional Development (DPIRD) and DPIRDs subcontractor Clear Horizon.

Please tick the box to indicate you understand the above statement

If you have no extra participants to add to the form on the following pages, you can now lodge the form using the links below.

To lodge your form please

either click the **email button....>**

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



PO Box 1432 TOODYAY WA 6566



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.

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

Second attendee

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:*	
<i>Role in the business / relationship in the family</i>	
<i>I will have a smart phone or device (android/iphone/ tablet) of my own which I can use during the workshops</i>	Yes No

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I have an impairment / disability, and I may need assistance to complete the program	
I am from an Aboriginal / Torres Strait Islander background	

Third Attendee (additional attendees may be required to pay a \$500 fee that is refundable on completion of the course)

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:*	
<i>Role in the business / relationship in the family</i>	
<i>I will have a smart phone or device (android/iphone/ tablet) of my own which I can use during the workshops</i>	Yes No

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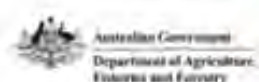
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