

YOUTHMADE MARKET

Application Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My email / parent email (please circle): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am selling a (please circle) Product Service

Briefly describe what you are hoping to sell.

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Where are you at with your business now? (e.g. ideas stage; partially established; up and running)

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Where do you want to be at the end of this program? (e.g. Regularly attending markets; running your business online)

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Insert an image of any products you have already created. If you don’t have any products made, include an image of what you are aiming for. If you are selling a service, briefly describe in more detail what this involves or an include an image/s of your service ‘at work’.

What support do you need from this program to make it happen? (e.g. Budgeting information; assistance purchasing materials; ideas for promotion)

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If you are successful with your application, you are making a commitment to attend the workshops provided. If you are unable to attend any of the workshops, please contact Sheree Elwin ([selwin@temora.nsw.gov.au](mailto:selwin@temora.gov.au) or phone: 0447 542 451)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_