



About this form

You should use this form to advise your NEIS provider of changes to your circumstances. Alternatively, you may write to your NEIS provider.

When to complete the form

In accordance with your NEIS Participant Agreement, you are required to notify your NEIS provider in writing immediately of a relevant change in your circumstances.

Who completes the form

Each NEIS Participant in the NEIS Business receiving NEIS Assistance must notify their NEIS provider in writing if there is a relevant change in their circumstances. This means that NEIS Business partners and/or a partner receiving NEIS Assistance must separately advise their NEIS provider if they are also affected by these or other circumstances. Failure to do so may result in a suspension of NEIS Assistance and where applicable, NEIS Allowance and NEIS Rent Assistance.

Your information and privacy

Your personal information is protected by law, including the *Privacy Act 1988* (Cth) (Privacy Act) and the Australian Privacy Principles (APPs). The personal information (including sensitive information) you provide on this form is collected by your NEIS provider on behalf of the Australian Government Department of Jobs and Small Business (the Department) to determine your continuing eligibility for NEIS Assistance if there is a relevant change in your circumstances.

If you do not provide some or all of your personal information (including sensitive information), the Department may not be able to ensure your participation in New Business Assistance with NEIS and continuing eligibility for NEIS Assistance.

Your personal information (including sensitive information) may be passed onto and between State Government Departments that have an involvement with New Business Assistance with NEIS, NEIS providers and other contracted providers of services under the *jobactive Deed 2015–2020* and the subcontractors of these entities, the Australian Taxation Office, the Department of Social Services, the Department of Veterans' Affairs, the Department of Human Services and the Department of the Prime Minister and Cabinet. Your personal information may also be used by the Department or given to other parties where you have agreed, or the use or disclosure is otherwise permitted, including where it is required or authorised by or under an Australian law or court or tribunal order.

The Department's Privacy Policy contains more information about the way in which we will manage your personal information, including information about how you may access your personal information held by the Department and seek correction of such information. The Privacy Policy also contains information on how you can complain about a breach of the APPs and how the Department will deal with such a complaint.

A copy of the Department's Privacy Policy can be found on the **Privacy page** of our website or by requesting a copy from the Department via email at privacy@jobs.gov.au.

Where to send this form

Once completed and signed you must return this form to your NEIS provider. Please keep a copy for your records.

Your current details

1 Your Job Seeker ID No.

Your NEIS Participant Agreement No.

Your full name

Changes to your circumstances

2 Your previous name (if applicable otherwise leave blank)

Change of address/phone number/email

Home Business

Both home and business

3 Previous address

Postcode:

Telephone Number: ()

Mobile Number:

Facsimile Number: ()

Email:

4 New address

Postcode:

Telephone Number: ()

Mobile Number:

Facsimile Number: ()

Email:

Change of Business Name

5 Previous

New

Change of Bank Details

6 Previous Bank/Credit Union

BSB

Account No.

New Bank/Credit Union

BSB

Account No.

Other Changes of Circumstances

(Give details and include date of effect. If insufficient space, attach information on a separate piece of paper.)

Other changes in circumstances could include, but not limited to, illness, incapacity, intention to relocate your NEIS Business, closing your NEIS Business, resuming employment or study, change of Commonwealth benefit, change to the hours you are working in your business, change in controlling interest of your NEIS Business, or any other change in circumstances that may affect your entitlement to NEIS Assistance.

Declaration

7 *I certify that the information that I have supplied on this form is complete and correct to the best of my knowledge and I acknowledge that false information may lead to refusal, suspension or termination of NEIS Assistance and where applicable, NEIS Allowance and NEIS Rent Assistance.*

I confirm that I have read, understood and agree to the collection, use and disclosure of my personal information in accordance with the privacy statement and the NEIS Change of Circumstances Notification form.

If you are unable to sign due to a disability, please complete all required fields, mark the relevant signature block with the words "unable to sign" and email it to your NEIS provider. They will contact you to confirm alternative signature arrangements based on your circumstances.

Signature

Date (dd/mm/yyyy):