



# APPLICATION SUBMISSION

Applications for admission to the Institute

SECRETARIAT  
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Assoc. No.: AO2912

LinkedIn Group: Australasian Institute of Business and Enterprise Facilitators  
Facilitator's FOCUS Group: <https://www.linkedin.com/groups/13593289>

DR/Mr./Mrs./Miss/Ms:

Surname \_\_\_\_\_

Given Name \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_



## UNDERTAKING BY APPLICANT

I wish to join the Institute of Business and Enterprise Facilitators because . . .

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I agree in the event of my being admitted I shall abide by the Institute Code of Conduct, which I have read, and undertake to conform to the Institute's Professional Development requirements, and to ensure that I am covered by a policy of Professional Indemnity Insurance throughout my period of membership.

I attach my current Curriculum Vitae that highlight my business/enterprise/community/training experience.

I certify that all statements made by me in this application and any attached documents are true and complete. I have read the criteria for membership and believe I qualify at the following grade: (please tick).

NEW MEMBER

\$150 incl. GST (\$150 Annual Fee NO Initial Joining Fee)

NOTE: If your Organisation is already an Associate Member then a Joining Fee is not required

ASSOCIATE ORGANISATION **OR** INDIVIDUAL \$100 incl. GST

I enclose a cheque made out to the Australasian Institute of Business & Enterprise Facilitators

OR

I have made a direct deposit into the AIBEF A/c: ensure you include your name on the EFT  
BSB 063142                      A/c No: 1014 1540                      Name: AIBEF

(Cross out whichever does not apply)

I agree, if admitted, to pay promptly all future annual subscriptions appropriate to the grade of membership.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## STATEMENTS BY THE PROPOSER AND SECONDER

We recommend the applicant as a fit and proper candidate for admission to the Institute.

Name of Proposer \_\_\_\_\_ (BLOCK Letters)

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Organisation: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Seconder: \_\_\_\_\_ (BLOCK Letters)

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Organisation: \_\_\_\_\_ Date: \_\_\_\_\_



## BUSINESS AND/OR TRAINING FACILITATION - EXPERIENCE TO DATE

AIBEF Members must have 200 hours minimum of one-on-one facilitation. Experience in facilitation is not essential for applicants seeking admission as Affiliates.

<b>Years in which facilitation occurred</b>	<b>Name of Organisation/s for which Facilitation was conducted</b>	<b>No. of contact sessions and approx. hours (please provide evidence or letter for validation)</b>



## EDUCATION QUALIFICATIONS

<b>Qualifications Gained</b>	<b>Institution</b>	<b>Date Graduated</b>	<b>Course Title/Contents</b>

## TRAINING ATTENDED AND/OR DELIVERED THAT RELATES DIRECTLY TO FACILITATION

(EG. The Certificate in Business Facilitation)

<b>Dates</b>	<b>Location Where Training Held</b>	<b>Course Title/Contents</b>

## MEMBERSHIP OF OTHER RELEVANT BODIES

Dates	Name of Body	Offices held

## FIELDS OF FACILITATION EXPERTISE YOU OFFER TO SMALL/MEDIUM ENTERPRISES

### AREAS OF YOUR EXPERTISE (Tick 5 maximum)

<input type="checkbox"/>	Accounting	<input type="checkbox"/>	Employment/IR	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Purchasing
<input type="checkbox"/>	Advertising/PR	<input type="checkbox"/>	Exec. Recruitment	<input type="checkbox"/>	Management Training	<input type="checkbox"/>	Quality Controls
<input type="checkbox"/>	Acquisitions	<input type="checkbox"/>	Export/Import	<input type="checkbox"/>	Manufacturing Processes	<input type="checkbox"/>	Raising Finance
<input type="checkbox"/>	Business Planning	<input type="checkbox"/>	Franchising	<input type="checkbox"/>	Money Management	<input type="checkbox"/>	Recruitment/Selection
<input type="checkbox"/>	Company Formations	<input type="checkbox"/>	General Management	<input type="checkbox"/>	Patents/Licensing	<input type="checkbox"/>	Research/Development
<input type="checkbox"/>	Computers/IT	<input type="checkbox"/>	Import Procedures	<input type="checkbox"/>	Payment	<input type="checkbox"/>	Sales/Promotion
<input type="checkbox"/>	Costing/Controls	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Personnel/HRM	<input type="checkbox"/>	Training Skills Analysis
<input type="checkbox"/>	Debt Counselling	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Production	<input type="checkbox"/>	Up-front Training
<input type="checkbox"/>	Other - Please Specify						
<input type="checkbox"/>							

### INDUSTRY AREAS (Tick 5 maximum)

<input type="checkbox"/>	Accounting	<input type="checkbox"/>	Clothing/Textiles	<input type="checkbox"/>	Retailing	<input type="checkbox"/>	Government
<input type="checkbox"/>	Agriculture	<input type="checkbox"/>	Community Services	<input type="checkbox"/>	Hotel/Catering	<input type="checkbox"/>	Services
<input type="checkbox"/>	Automotive	<input type="checkbox"/>	Computers/IT	<input type="checkbox"/>	Media Press/TV	<input type="checkbox"/>	Sport
<input type="checkbox"/>	Banking/Finance	<input type="checkbox"/>	Consulting	<input type="checkbox"/>	Not-For-Profit	<input type="checkbox"/>	Tourism/Leisure
<input type="checkbox"/>	Building/Construct.	<input type="checkbox"/>	Education	<input type="checkbox"/>	Pharmaceuticals	<input type="checkbox"/>	Transport
<input type="checkbox"/>	Chemicals/Plastics	<input type="checkbox"/>	Food Processing	<input type="checkbox"/>	Printing/Publishing	<input type="checkbox"/>	Training
<input type="checkbox"/>	Cleaning/Industrial	<input type="checkbox"/>	Franchises	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Other - Please Specify						
<input type="checkbox"/>							

If you are delivering Nationally Accredited Training, what are your qualifications and currency?

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## AIBEF ADMINISTRATIVE USE

### MEMBERSHIP PANEL

CHAIR: Name: \_\_\_\_\_

Signature: \_\_\_\_\_

BOARD MEMBER: Name: \_\_\_\_\_

Signature: \_\_\_\_\_

BOARD MEMBER: Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Recommendation of Membership Committee • APPROVED • NOT APPROVED AIBEF

Grade Awarded •AFFILIATE •ASSOCIATE •MEMBER •FELLOW

Comments (if appropriate)

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Administrative records:

Fee due: \$ \_\_\_\_\_

Registration fee received:

• YES • NO • SEND INVOICE