



## STAKEHOLDER DATA

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

Phone     Consultation     Walk-in     CMA Referred     Workshop     Forum

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Type: \_\_\_\_\_

Number of Staff: \_\_\_\_\_

Light Rail Corridor impacted?     Yes     No

Impact Detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Specific Concerns

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Light Rail Impact**

Low

Medium

High

**Impact Type**

Business interruption

Business improvement

Staffing logistics

Retail affect

New business opportunity

Other

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Light Rail Sentiment (own business)**

Positive

Negative

Neutral

**Light Rail Sentiment (CBR business)**

Positive

Negative

Neutral

**Place Manager referral**

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For your business to participate in the Light Rail Project, outline specific Training or Information sessions you would like to attend:**

Legal

Financial Management

Other \_\_\_\_\_

Tender Response

Insurance

\_\_\_\_\_

Contract Management

Employment & Workplace Relations

\_\_\_\_\_

**Ben Maguire**  
Program Manager  
Light Rail Business Link

0439 423 891  
ben.maguire@canberrabusiness.com

[www.canberrabusiness.com](http://www.canberrabusiness.com)

**Canberra Business Chamber**  
216 Northbourne Ave, Braddon ACT 2612  
PO Box 6308, O'Connor ACT 2602

02 6247 4199  
info@canberrabusiness.com

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