

PITCH PERFECT

Participant Application Form

Part A: Applicant details**Full name****Preferred name****Pronouns optional****Email address****Mobile number****Residential postcode****Preferred contact method**

Select one: email / phone

Accessibility or participation adjustments

Please tell us about any reasonable adjustment or accessible format that would help you apply or participate. This information will not disadvantage your application.

Part B: Business details

Business trading name

Legal entity name if different

Australian Business Number ABN

Business website or social-media link optional

Principal business address and postcode

Local government area or region

Business structure

Select one: ☐ Sole trader ☐ Partnership ☐ Company ☐ Trust ☐ Cooperative

Other:

Your role and ownership relationship

For example: founder and sole owner; co-founder and director

Industry or sector

Year the business commenced operating

Number of people working in the business including owners

Select one: ☐ 1 ☐ 2–4 ☐ 5–19 ☐ 20 or more

Part C: Your business and Pitch Perfect goals

1. Tell us about your business.

Describe what your business does, who it serves, the problem or need it addresses and the value it provides. **Maximum 200 words.**

2. What business opportunity or priority are you working towards?

This may relate to growth, customers, partnerships, finance, investment, marketing, expansion or another clear business goal. **Maximum 175 words.**

3. What would you like to improve about the way you pitch or communicate your business?

Explain the challenge you experience now and how coaching could improve your confidence, clarity or business outcomes. **Maximum 200 words.**

4. What would a successful Pitch Perfect experience look like for you?

Describe what you hope to achieve and how you would apply the learning after the program. **Maximum 150 words.**

Part D: Program commitment

Commitment	Response
Participate in two online individual coaching sessions during December 2026 to January 2027	☐ Yes ☐ No
Prepare and rehearse a business pitch between coaching sessions	☐ Yes ☐ No
Attend and pitch at the in-person jurisdiction showcase during January to February 2027	☐ Yes ☐ No
If selected as the jurisdiction winner, undertake further preparation and travel to Melbourne for the national final in March 2027	☐ Yes ☐ No
Complete participant feedback and evaluation activities	☐ Yes ☐ No

Known scheduling constraints

Please identify any dates, times or access needs the Chamber should consider. This does not guarantee that all preferences can be accommodated.

Part E: Optional monitoring information

The following questions help Future Makers understand who the program is reaching and improve future delivery. Responses are optional, include a prefer-not-to-say option and are not used to score your application.

Question	Response options
Location	☐ Metropolitan ☐ Regional ☐ Remote ☐ Prefer not to say
Age group	☐ 18–24 ☐ 25–34 ☐ 35–44 ☐ 45–54 ☐ 55–64 ☐ 65+ ☐ prefer not to say

Part F: Privacy and information sharing

Chamber privacy notice - <https://www.canberrabusiness.com/wp-content/uploads/2026/03/CBC-Privacy-Policy-Updated-November-2019.pdf>

Part G: Applicant declaration

- ☐ I confirm that I meet the eligibility requirements stated in this form.
- ☐ I confirm that the information in this application is true, complete and not misleading.
- ☐ I understand that meeting the eligibility criteria does not guarantee selection.
- ☐ I consent to the Chamber assessing this application and verifying relevant eligibility information.
- ☐ If selected, I consent to the Chamber sharing information reasonably required by ACCI and the appointed business coach for program delivery, evaluation and reporting.
- ☐ I understand that I may be asked to provide further information before my selection is confirmed.
- ☐ I agree to participate respectfully and comply with reasonable program and event requirements.

Photography, Videography and Communications Consent (Optional)

- ☐ I consent to being photographed and/or filmed during Future Makers program activities and events.
- ☐ I consent to ACCI and participating State and Territory Chambers using photographs, videos and other content featuring me for Future Makers promotional and communication purposes, including websites, social media, newsletters and other marketing materials.
- ☐ I would like to subscribe to the Future Makers mailing list to receive updates about program initiatives, events, resources and opportunities. I understand that I can unsubscribe at any time.

Applicant name

Signature or electronic confirmation

Date

Email your completed application to kate.holland@canberrabusiness.com

Chamber use only

Administration item	Record
Application reference	
Date received	
Eligibility outcome	Eligible / ineligible / clarification required
Assessment score	/ 100
Selection outcome	Selected / reserve / unsuccessful
Conflict of interest recorded	Yes / No / not applicable
Verification completed	ABN / jurisdiction / availability / other