

**2019 Pest Manager of the Year Award**

**Nomination Form**

**Category:**   Micro-Business Award (Fewer Than three People)

**Outline Business:** Number of Employees

Gross Sales

Areas of operation

**Name of Business:**

**ABN:**       **ACN:**

**Business Owner’s Name:**

**Address:**

**Telephone Number:**

**Email Address:**

**Please answer briefly and clearly the following questions:**

| **Questions** | **Answer** | **Score** |
| --- | --- | --- |
| 1. **What goals did you have in establishing your business?** |  | **10** |
| 1. **How do you measure the performance of your business?** |  | **10** |
| 1. **Do you undertake any ongoing training?** |  | **10** |
| 1. **Do you have a business plan?** |  | **10** |
| 1. **How do you deal with customer disputes?** |  | **10** |
| 1. **Do you document procedures in your business?** |  | **10** |
| 1. **How do you measure the financial health of your business?** |  | **10** |
| 1. **Do you have a succession plan for your business?** |  | **10** |
| 1. **What are the three most important priorities for your business?** |  | **10** |
| 1. **What Community involvement do you have?** |  | **10** |

**Submission of Entries**

Entry forms should be forwarded by COB 28th June, 2019 to the AEPMA National Office via email to [info@aepma.com.au](mailto:info@aepma.com.au) or fax 07 3268 4213.