

SYB ENTRY FORM

Name of participant: _____ Male Female

Background information

Date: _____ / _____ / _____

| | | |
|---|--|---|
| <p>1. Name of the business: (if person is not yet in business: tick here <input type="checkbox"/>)</p> <p>2. Address</p> <p>3. Telephone number:</p> <p>4. Email:</p> | <p>5. Age:</p> <p><input type="checkbox"/> 16-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46 and older</p> <p>6. Marital status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W</p> | |
| <p>7. Highest education completed:</p> <p><input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Higher</p> | <p>8. Can read and write in English language?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>9. Can do simple calculations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>10. Have you ever participated in business or management training before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe: _____</p> | | |
| <p>11. Have you ever participated in technical / vocational training before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe: _____</p> | | |
| <p>12. Do you have a concrete and feasible business idea?</p> <p><input type="checkbox"/> No, not yet <input type="checkbox"/> Yes, please describe: _____</p> | <p>Please tick as applicable</p> <p>13a. How long have you been in business? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 ..</p> <p>13b. Please explain why you want to start a business:</p> <p>13b. When do you intend to start? _____ (month+year)</p> | |
| <p>14. Do you have the necessary (technical) skills for your business or intended business?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, please describe: _____</p> | | |
| <p>15. Please describe your current business activity:</p> | <p>16. Line of business:</p> <p><input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service Operation <input type="checkbox"/> Combination <input type="checkbox"/> Others: _____ <input type="checkbox"/> Agriculture / Agro-related</p> | |

| | | |
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| <p>17. Are your business activities commercially viable at the moment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> I don't know <input type="checkbox"/> No, reason</p> <p>18. Is your business registered?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>19. What is your position in the business?</p> <p><input type="checkbox"/> Owner / manager <input type="checkbox"/> Employee / coop member <input type="checkbox"/> Shared ownership (business partners) <input type="checkbox"/> Shared ownership (Husband/Wife)</p> | <p>20. When was this business started:</p> <p><input type="checkbox"/> Less than 1 year ago <input type="checkbox"/> more, specify:</p> |
| <p>21. What are your plans for the business in the near future?</p> <p><input type="checkbox"/> Remain with / strengthen same business <input type="checkbox"/> Start new business activities in addition to existing one <input type="checkbox"/> Start other line of business (replacing old one) <input type="checkbox"/> Does not know</p> | | |
| <p>22. What do you expect to learn during the training?</p> <p>1. 2. 3.</p> | | |

If you have any difficulty in filling the form, kindly call us, but in general type answers in areas you find it difficult to click.

Thank you!