

## Sanitation Entrepreneurs Application Form

Applicant's Name: \_\_\_\_\_

### PART I: Applicant's Background

1) Contact Information						
Q1	Please insert today's date					
Q2	Applicant's First and Surname					
Q3	<b>Sex</b>	<i>Please tick</i>	Male	Female		
		✓				
Q4	<b>Home Address</b>					
	<i>Please enter your address here (Street/ location, House No. Town)</i>					
	Home Telephone					
	Mobile Phone					
	Email					
Q5	<b>Business Address</b>					
	<i>Please enter your physical business address here (Street/ location, House No., Town)</i>					
	Business Telephone					
	Business Fax					
	Website of business (if available)					
2) Personal Background						
Q6	Please indicate your age					
Q7	<b>Family Status</b>	<i>Please tick</i>	Never married	Married	Divorced	Widowed
		✓				
3) Educational Background						
Q8	<b>Duration of your education</b>					
	How many years of primary education did you do?					
	How many years of secondary education did you do?					
	How many years of tertiary education did you do?					
Q9	<b>Level of your education</b>					
	Please indicate all educational levels from which you received a degree (multiple options possible)	<i>Please tick</i>	Primary education	Secondary Education	Tertiary Education	Other (Specify)
		✓				
Please indicate the tertiary (university or polytechnic) degree you have received, if any (Please indicate the title and study area)						
Q10	<b>Business content of your education</b>					
	Please indicate whether any business-education or business-related content	<i>Please tick</i>	Yes	No	If Yes, please give details below	

	was part of your general education (e.g. accounting, business studies, marketing, finance, etc.)	<input checked="" type="checkbox"/>			
<b>Q11</b>	<b>Apprenticeship/ Vocational Training</b>				
	Did you do an apprenticeship/ Vocational Training Degree?	<i>Please tick</i>	Yes	No	
		<input checked="" type="checkbox"/>			
	If Yes, please indicate the type of training	<i>Please tick</i>	Apprentice	VET Degree	Other ( <i>Specify</i> )
		<input checked="" type="checkbox"/>			
Please indicate in which trade/ subject you did the apprenticeship or Vocational Training					

#### 4) Your Exposure to Business

<b>Q12</b>	<b>Parents' Business</b>				
	Did your father or mother own his/her own business?	<i>Please tick</i>	Yes	No	
		<input checked="" type="checkbox"/>			
	If yes, did you ever help in their business?	<i>Please tick</i>	Yes	No	
		<input checked="" type="checkbox"/>			
<b>Q13</b>	<b>Relatives' Business</b>				
	Did any of your relatives besides your father or mother own a business?	<i>Please tick</i>	Yes	No	
		<input checked="" type="checkbox"/>			
	If yes, did you ever help in their business?	<i>Please tick</i>	Yes	No	
		<input checked="" type="checkbox"/>			
<b>Q14</b>	<b>Were you the first child born in your family?</b>	<i>Please tick</i>	Yes	No	
		<input checked="" type="checkbox"/>			
<b>Q15</b>	<b>Have you travelled outside your country?</b>	<i>Please tick</i>	Yes	No	
		<input checked="" type="checkbox"/>			
	If yes, list the three countries where you have travelled most frequently, how many times you have travelled to each and the purpose of your travel				
	<i>Name of Country</i>	<i>No. of times travelled to this country</i>	<i>Please tick</i>	<i>Purpose</i>	
			<input checked="" type="checkbox"/>	Business	Tourism
		<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>			
<b>Q16</b>	<b>Have you subscribed or access to an (international) business journal?</b>	<i>Please tick</i>	Yes	No	<i>If Yes, please name it:</i>
		<input checked="" type="checkbox"/>			

#### 5) Your Work and Business Experience

<b>Q17</b>	<b>Please list your past work experience below, with your most recent job first</b>							
	Name of employer	Please tick the type of employer <input checked="" type="checkbox"/>			Years worked here	Title of your position	Did you supervise staff? <input checked="" type="checkbox"/>	
		Private	Public	Other			Yes	No
<b>Q18</b>	<b>Are you presently in business for yourself?</b>			<i>Please tick</i>	Yes	No		
				<input checked="" type="checkbox"/>				

	How many businesses do you own in total? <i>(Please indicate the number of businesses you own)</i>					
	Please provide details on your major current business	<i>Please tick one</i>	I own and run the business	I only own the business	I only run the business	I am employed in the business
		✓				
	Please provide details on the ownership structure of your major current business	<i>Please tick</i>	I am the only owner	I jointly own the business	<i>Please indicate the number of owners</i>	
		✓				
<b>Q19</b>	What kind of business do you currently have? <i>(Please describe your major business)</i>					
<b>Q20</b>	<b>If you are currently not in business, have you ever started a business in the past?</b>	<i>Please tick</i>	Yes	No	<i>If Yes, please indicate the year</i>	
		✓				
	What kind of business did you have in the past?					
	What happened to this business?					

### 6) Your Future Business Plans

<b>Q21</b>	<b>Please indicate your future business plans</b>	<i>Please tick</i>	I plan to start a new business	I plan to expand my existing business	I have no plans yet	Other, please specify
		✓				
	Please describe your plans in more detail					
<b>Q22</b>	<b>If you intend to start-up or expand your business, how much capital do you think you would need in total?</b> <i>(Please indicate the currency and the amount)</i>		Currency			
<b>Q23</b>	<b>Estimate the amount from each of the following sources that you can put into starting/expanding your business:</b>	Your own money	Loans or gifts from family or friends	Bank loan	Other, please specify:	

### 7) Your Motivation

<b>Q24</b>	<b>What was/ is your major motivation for starting a business?</b>	<i>Please tick only one</i>	I always wanted my own business	Otherwise I would be unemployed	To make money additional to my salary	Other (specify):	
		✓					
<b>Q25</b>	<b>Which <u>one</u> of the following ingredients needed to succeed in business do you think is the most important?</b>	<i>Please tick only one</i>	Money	Education	Friends	Motivation	Other (specify)
		✓					
<b>Q26</b>	<b>Do you agree or disagree with the following statement?</b> <i>"It is more important for a job to offer opportunity than security."</i>	<i>Please tick</i>	Agree	Disagree			
		✓					
<b>Q27</b>	<b>Use your imagination and try to think of as many uses as possible for sawdust or products that could be made of sawdust</b>						
	1.		4.				
	2.		5.				
	3.		6.				
<b>Q28</b>	<b>Do you agree or disagree with the following statement?</b> <i>"There are enough opportunities for people like me to start their own business in this country."</i>	<i>Please tick</i>	Agree	Disagree			
		✓					
<b>Q29</b>	<b>Imagine that your brother or sister has sent you a gift of US\$1,000 to spend as you like. What would you do with it?</b>						

	First Use.									
	Second Use									
	Third Use									
Q30	How would you describe your desire to start a new business or expand your existing business?	Please tick only one	Don't know	Average	Somewhat strong	Very strong				
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Q31	At this stage, what are the chances of success for your business? (Please tick one answer only ✓)									
	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please explain why this is the case below									

### 8) Previous Services Used

Q32	How did you hear about this programme/ training course?										
Q33	Have you ever used any other EMPRETEC services?						Please tick	Yes	No		
							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	If you have used any other EMPRETEC service, please give details and dates below									Year	
	1.										
2.											
3.											
Q34	Have you ever used any other business services (e.g. business training, accounting, IT services, financial services, etc.)?						Please tick	Yes	No		
							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	If you have used any other services, please give details below					Name of the Provider			Year		
	1.										
	2.										
3.											
Q35	Please use the space below for any comments or suggestion you would like to share with us										

## PART II: Business Background

**Note: If you have several businesses, please provide information on your major business only. If you are a start-up with no current business, please provide information on your future business.**

1) General Information							
Q36	What is the name of your major current or future business?						
Q37	Is your business registered?	<i>Please tick</i>	Yes	No			
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Q38	<b>When was / will your business (be) established?</b> <i>Please indicate the date below. If you plan to start a new business, please indicate when you intend to start it</i>						
	<i>Your business</i>	Month	Year				
	Your major current business						
	If start-up, please indicate when you intend to open your new business						
Q39	<b>Size of your current/ future business (es)</b> <i>Please indicate the total number of your <u>current</u> employees (excluding yourself) for each category. If you intend to start-up a new business, please indicate the expected number of employees one year after your intended start of the business</i>						
	<i>Your business(es)</i>	No. of full-time employees	No. of part-time employees	No. of occasional/ causal or seasonal employees			
	Your major current business						
	If start-up, please indicate the expected number of employees after one year						
Q40	<b>Please describe the major products/ services of your major current or future business</b>						
Q41	<b>Please indicate the business sector</b>	<i>Please tick</i>	Agriculture	Industrial	Services	Other, please specify	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Q42	<b>Please indicate all the markets your current or future business serves</b>	<i>Please tick</i>	Local Market	Regional Market	National Market	Neighbouring countries	Export Markets
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q43	<b>Who are your major clients you sell to? Please indicate them</b>	<i>Please tick</i>	Private Clients	Other businesses	Multinationals	Other, please specify	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Q44	<b>Please indicate the percentage share of your total sales going to export, if any</b>						
Q45	<b>If you export, please list the three major countries you are exporting to, starting with the most important one. Please also provide estimated shares of your overall exports going to the countries</b>						
	Country					% Share of overall exports	
	1)						
	2)						
	3)						
Q46	<b>Where do you source your inputs from?</b> <i>Please indicate all sources</i>	<i>Please tick</i>	Locally	Regionally	National	Neighbouring countries	Importing
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q47	<b>Please name your major inputs</b>						
Q48	<b>If you import your inputs, please list the three major countries you are importing from, starting with the most important one. Please also provide estimated shares of your overall imports from the</b>						

<b>countries</b>	
Country	% Share of overall imports
1)	
2)	
3)	

## 2) Business Linkages

Q49	Do you have regular linkages with buyers or suppliers?	Please tick	I have regular buyers	I have regular suppliers	
		✓			
Q50	Please indicate the nature of your business relationship	Please tick	We have a contract	We have an informal understanding	Other, please specify
		✓			

## 3) Accounting and Finance

Q51	Please indicate the type of book-keeping you do for your business	Please tick one	I do no bookkeeping	I do simple bookkeeping	I do double-entry bookkeeping	I do double-entry bookkeeping which is audited	Other, please specify
		✓					
Q52	Please indicate <u>all</u> financial services or sources of finance you have used or have accessed for your business over the last 12 months (multiple options possible –please tick all relevant options)						
		✓		✓		✓	✓
	Bank loans		Overdraft facility		Credit guarantee		Micro-credit
	Group loan		Equity fund		I supplied goods/ services on credit		I received goods/ services on credit
	Cheque account		Savings account		Other, please specify:		

## 4) Your Current Business Performance

Q53	Please indicate your turnover (sales) in the last full year <i>(new businesses, leave blank)</i>		Currency					
Q54	Please indicate your total costs in the last full year (inputs + wages + any other business costs) <i>(new businesses, leave blank)</i>		Currency					
Q55	Please indicate your turnover (sales) in the last three months <i>(new businesses, leave blank)</i>		Last month	Two months ago	Three months ago			
Q56	Please indicate your total costs in the last three months (inputs + wages + any other business costs) <i>(new businesses, leave blank)</i>		Last month	Two months ago	Three months ago			
Q57	How do you rate your current business performance? <i>(Please choose one option on the scale below)</i>							
	Please tick	My performance is very good	My performance is good	My performance is somewhat good	Neutral / Don't know	My performance is somewhat bad	My performance is bad	My performance is very bad
	✓							
Q58	How do you rate your current business environment? <i>(Please choose one option on the scale below)</i>							
	Please tick	The business environment is very good	The business environment is good	The business environment is somewhat good	Neutral / Don't know	The business environment is somewhat bad	The business environment is bad	The business environment is very bad
	✓							
Q59	Please explain briefly the major business problems/ difficulties you are currently encountering or expect to encounter in the future							

5) Your Future Business Expectations								
Q60	<b>How do you expect your business to perform over the next 6 months?</b> <i>(Please choose one on the scale below)</i>							
	<i>Please tick</i>	My performance will be very good	My performance will be good	My performance will be somewhat good	Neutral / Don't know	My performance will be somewhat bad	My performance will be bad	My performance will be very bad
	✓							
Q61	<b>Do you plan to employ more/ the same/ or less staff over the next 6 months?</b> <i>(Please indicate one below)</i>							
	<i>Please tick</i>	I expect to employ more staff than currently	I expect to employ the same number of staff as currently	I expect to employ less staff than currently	I don't know yet			
	✓							
Q62	<b>Do you plan to invest more/ the same/ or less over the next 6 months?</b> <i>(Please indicate one below)</i>							
	<i>Please tick</i>	I expect to increase my investments	I expect to have the same investment level	I expect to invest less	I don't know yet			
	✓							
Q63	<b>Do you expect your turnover (sales) to increase/ stay the same/ or decrease over the next 6 months?</b> <i>(Please indicate one below)</i>							
	<i>Please tick</i>	My sales will increase	My sales will stay the same	My sales will decrease	I don't know yet			
	✓							
Q64	<b>Do you expect your profitability to increase/ stay the same/ or decrease over the next 6 months?</b> <i>(Please indicate one below)</i>							
	<i>Please tick</i>	My profitability will increase	My profitability will stay the same	My profitability will decrease	I don't know yet			
	✓							
Q65	<b>Where do you see your business in 5 years from now?</b> <i>(Please describe briefly your vision and/ or plans)</i>							

FOLLOW-UP				
Q66	<b>Will you be available for a follow-up after the training?</b>	<i>Please tick</i>	Yes	No
		✓		
Q67	<b>Please indicate any potential problems you might have for participating in the follow-ups</b>			

Thank you very much for your time!

Please return the completed application form to TEECs which will contact you for next steps.