



Springboard Small Business Development Program



ENTRY QUESTIONNAIRE

Thank you for expressing interest in the Springboard Small Business Development Program. The program is being conducted by the Snowy-Monaro Business Enterprise Centre (Snowy-Monaro BEC) in association with the National Entrepreneur Training and Business Incubation Service.

To help us prepare the most effective and stimulating groups for the program we would be grateful if you could take a few minutes to complete this short questionnaire and let us know more about you and your needs and interests.

When completed, please return to the Snowy-Monaro BEC by:

Email: info@snowybec.com.au

Fax: 02 6452 5393

Post: PO Box 952, COOMA NSW 2630

Please Note: all information is STRICTLY CONFIDENTIAL

Participant Profile

Name: _____ Phone: _____
 Address: _____ Mobile: _____
 _____ Fax: _____
 Email: _____
 Business Name: _____

1. Please describe in a few words the activities of your main business:

2. Is your business based at home? Yes No

3. Is your business a full-time or part-time operation? F/T P/T

4. How many total hours would you typically spend working in your business each week?

Under 10hrs 21 to 34hrs 51 to 75hrs

10 to 20hrs 35 to 50hrs Over 75hrs

5. How long has your business been operating (either part-time or full-time)?

Less than 1yr 2 to under 3yrs 5 to less than 10yrs

1 to under 2yrs 3 to under 5yrs 10yrs or more

6. How many people, including yourself, other family members, other operators, etc, currently work in this business?

PAID		UNPAID	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full-time	Part-time	Full-time	Part-time

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7. Over the past 3 financial years (that is 2003-04, 2004-05 & 2005-06) how has your business turnover been generally?

Increasing Decreasing Remaining about the same

8. Are you looking to grow your business over the next 12 months? Yes No

If **YES** please answer the next 3 questions. If **NO** go to Question 9.

What % increase in business turnover are you aiming for over the next 12 months? _____ %

What % increase in gross profits are you aiming for in the next 12 months? _____ %

How many additional paid jobs do you expect to create in the next 12 months?

None Increase (number) Don't know

9. What are the greatest barriers to expansion of your business?

- | | | |
|---|---|--|
| Lack of demand <input type="checkbox"/> | Need of better business skills <input type="checkbox"/> | Self-imposed <input type="checkbox"/> |
| Lack of finance <input type="checkbox"/> | Lack of space <input type="checkbox"/> | Tax compliance difficulties <input type="checkbox"/> |
| Lack of products <input type="checkbox"/> | Nowhere to move <input type="checkbox"/> | Government restrictions or regulations (which ones) <input type="checkbox"/> |
| Lack of skilled staff <input type="checkbox"/> | Family arrangements <input type="checkbox"/> | _____ |
| Lack of time <input type="checkbox"/> | Health / stress <input type="checkbox"/> | Other <input type="checkbox"/> |
| Poor access to markets <input type="checkbox"/> | Lifestyle <input type="checkbox"/> | _____ |

10. Would you like to develop any of the following skills in the next 12 months?

- | | | |
|---|---|--|
| Financial management <input type="checkbox"/> | Customer service <input type="checkbox"/> | Marketing & promotion <input type="checkbox"/> |
| Project management <input type="checkbox"/> | Exporting <input type="checkbox"/> | Balancing home & work <input type="checkbox"/> |
| Risk assessment <input type="checkbox"/> | Sales <input type="checkbox"/> | Business planning <input type="checkbox"/> |
| Tendering & costing <input type="checkbox"/> | Negotiation <input type="checkbox"/> | Computer / IT <input type="checkbox"/> |
| Staff management <input type="checkbox"/> | Networking <input type="checkbox"/> | Other <input type="checkbox"/> |
- _____

On-going Help

Are you interested in having a mentor after the Springboard program? Yes No

Thank you for your time in answering this questionnaire.