

Widowed

Yes No

Date:	Application No			
	Entrepreneurship Development Programme Application Form			
1.	Name:			
2.	Sex: Male Female			
3.	Home Address: Work Address:			
	Telephone:			
	Email: Email:			
4.	Age:			
5.	Family Status: Never married Married Divorced Widow			
6.	Do you have children? Yes No			
7.	Level of Education (mark the appropriate response(s)):			
	Primary Did you graduate? Yes No			
	Name of School:			
	High School/Secondary School Did you graduate? Yes No			
	Name of School:			
	Technical or Polytechnic School How long?			
	Did you receive a graduation diploma or certificate?			
	What were your areas of study?			
	Name of School:			
	University or Professional How many years?			
	Do you have a degree?			
	What were your areas of study?			
	Name of School:			
8.	Have you ever been an apprentice?			
	In what trade?			

Organization/Person: _____

Did your father or mother ever own their own business? 9. Yes No If yes, did you work in the business? Yes No

Did any of your relatives besides your mother or father ever own their own business? 10.

Yes

If yes, did you work in the business?

11. Think of your three closest friends.	Write their names and	occupations below:

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	Name of Friend #1 Occupation		s Yes	No	
	Name of Friend #2 Occupation	Is this friend in busines for himself/herself	s Yes	No	
	Name of Friend #3 Occupation		s Yes	No	
12.	Did any of your friends' fathers or	mothers own their own b	usiness?	Yes	🗌 No
13.	How many people do you know well personally who own their own business?				
14.	Were you the first child born in yo	our family?	Yes 🗌] No	
15.	Have you traveled outside of your	country?	Yes] No	
	If yes, list the countries where you you traveled to each?	have traveled most frequ	ently and h	now many	times have
	Country		Numł	oer of Tin	nes
				6.1	

How many times a year do you travel to places in your country outside of the region where you were born or where you currently live?

16. Please list your past work experience below, with your most recent job first:

Employer	Address	Phone Number	Position	Dates

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17.	Have you ever tried to start your own business? Yes No What kind of business?		
	What happened to this business?		
18.	Are you presently in business for yourself? Yes No What kind of business?		
19.	If you intend to start a business or expand your current business, what kind of business will you start/expand? (Please give details)		
20.	If you do not intend to go into business right away, how do you intend to make use of this entrepreneurship training?		
21.	How much capital do you think you will need to start up or expand your business?		
22.	Estimate the amount from each of the following sources that you can put into starting/expanding your business:		
	Your own money		
	Loans or gift from family		
	Loans or gifts from friends		
	Other sources: Specify:		
23.	Do you own your own home, apartment or land? Yes No		
24.	Which <u>one</u> of the following ingredients needed to succeed in business do you think is the most important? (Mark one only.)		
	Money Education Friends Motivation Other		
25.	Do you agree or disagree with the following statement?		
	"It is more important for a job to offer opportunity than security."		
26.	Use your imagination and try to think of as many uses as possible for sawdust or products that could be made of sawdust.		
	1 4		
	2 5		
	3 6		



27. Do you agree or disagree with the following statement? Agree Disagree "There are enough opportunities for people like me to start their own businesses in this country." Imagine that your brother or sister has sent you a gift of US\$30,000 to spend as you like. 28. What would you do with it? First use: Second use: Third use: If you could have your boss's job and salary for the next five years of your life, would you 29. Yes take it? | No 30. How would you describe your desire to start a new business or expand your existing business? (Mark one answer only) Average Somewhat strong Very strong Don't know At this stage, what are the chances of success for your business? (Mark one answer only.) 31. 10% $\square 20\%$ 30% 40% 50% 60% 70% 80% 90% 100% Please explain why this is the case. 32. Are you willing to spend six uninterrupted days in the course? Yes No How did you hear about this programme? 33. 34. What other entrepreneurship or business development workshops or courses have you attended? Please give dates? Date Course



35. Please describe your business or business idea.

Name of the Company:

Describe your business or business idea:

Signature of Applicant:

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