

SMME BASELINE FORM



Assessment Date:

A. ABOUT YOU:

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| 1. Name and surname: | |
| 2. ID Number: | 3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 4. Age <input type="checkbox"/> 18-24 yrs <input type="checkbox"/> 25-34yrs <input type="checkbox"/> 35-45yrs <input type="checkbox"/> 45-55 yrs <input type="checkbox"/> >55 yrs | |
| 5. Do you qualify as a Previously Disadvantaged Individual ¹ ? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. Do you have any disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details: | |
| 7. Postal address: | 8. Physical address: |
| 9. Cellphone no: | 10. E-mail: |
| 11. Telephone no: | 12. Fax: |

B. ABOUT YOUR CURRENT BUSINESS AWARENESS AND EXPERIENCE:

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| 13. How did you hear about our coaching and mentoring programmes? <input type="checkbox"/> Friend/colleague <input type="checkbox"/> Leaflet/flyer <input type="checkbox"/> Internet/email <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Other (please specify) _____ | |
| 14. What is your current level of awareness/knowledge of entrepreneurship and business skills? <input type="checkbox"/> None <input type="checkbox"/> Very low <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Very high | |
| 15. Have you completed any previous business skills training? <input type="checkbox"/> Yes <input type="checkbox"/> No What development do you require?: <input type="checkbox"/> Business start-up <input type="checkbox"/> Marketing <input type="checkbox"/> Business Planning <input type="checkbox"/> Recordkeeping/Bookkeeping <input type="checkbox"/> Stock management <input type="checkbox"/> Personal (Entrepreneurial) Development <input type="checkbox"/> Other (please specify) _____ | |
| 16. Is your business registered? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

¹ This includes people who are previously disadvantaged due to their race as well as all women and all people with disabilities.

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| <p>17. What sector is your business focusing in?</p> <p><input type="checkbox"/> Manufacturing</p> <p><input type="checkbox"/> Retail</p> <p><input type="checkbox"/> Services</p> <p><input type="checkbox"/> Agri-Processing</p> <p><input type="checkbox"/> ICT</p> <p><input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Other (please specify) _____</p> |
| <p>18. Has your business traded over the past six months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>19. Has your business been profitable over the past six months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>20. Has your business created jobs / retained jobs over the past six months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

What next?

*If you answered yes to any one of questions 18, 19 and 20, please answer the questions overleaf.
If not, please end here.*

C. ABOUT YOUR EXISTING BUSINESS:

Note: Only complete this section if you already own or manage a small business.

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| <p>21. Name of business:</p> | <p>22. Company registration no:</p> |
| <p>23. Business/organization registration type:</p> <p><input type="checkbox"/> Not Registered</p> <p><input type="checkbox"/> Sole proprietorship/partnership</p> <p><input type="checkbox"/> Private limited company (Pty) Ltd</p> <p><input type="checkbox"/> Close corporation (cc)</p> <p><input type="checkbox"/> Co-operative</p> <p><input type="checkbox"/> Voluntary association</p> <p><input type="checkbox"/> Trust</p> <p><input type="checkbox"/> Section 21 company</p> <p><input type="checkbox"/> Other (please specify)</p> | <p>24. In what year did it start operating?</p> <p>25. What is your position in the business/organization?</p> <p><input type="checkbox"/> Owner or co-owner</p> <p><input type="checkbox"/> Managing Director</p> <p><input type="checkbox"/> Director</p> <p><input type="checkbox"/> Trustee</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Member</p> <p><input type="checkbox"/> Other (please specify)</p> |
| <p>26. What is the primary trading activity within your business? (Core business)</p> | <p>27. What is the current annual business turnover?</p> <p><input type="checkbox"/> Less than R 250 000</p> <p><input type="checkbox"/> R 250 001 to R 500 000</p> <p><input type="checkbox"/> R 500 001 to R 1 Million</p> <p><input type="checkbox"/> More than R 1 Million</p> |
| <p>28. What is the current value of the business assets?</p> <p>✓ Less than R 100 000</p> <p>✓ R 100 001 to R 250 000</p> <p>✓ R 250 001 to R 500 000</p> <p>✓ More than R 500 000</p> | <p>29. How many of the following employees does it have?</p> <p>• Full-time, male: _____ Full-time, female: _____</p> <p>• Part-time, male: _____ Part-time, female: _____</p> <p>• Previously Disadvantaged Individuals²: _____</p> |
| <p>30. What hourly rate is paid to the lowest-paid employee?</p> <p><input type="checkbox"/> <R8 <input type="checkbox"/> R8-R10 <input type="checkbox"/> R10-15 <input type="checkbox"/> >R15</p> | <p>31. What hourly rate is paid to the highest-paid employee?</p> <p><input type="checkbox"/> <R8 <input type="checkbox"/> R8-R10 <input type="checkbox"/> R10-15 <input type="checkbox"/> >R15</p> |
| <p>32. What proportion of the middle- or senior management³ employees are women? _____%</p> | <p>33. What proportion of the middle- or senior management⁴ employees are black? _____%</p> |

² This includes people who are previously disadvantaged due to their race as well as all women and all people with disabilities.

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| <p>34. Do you or the business belong to any business association or network?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please give details:</p> | <p>35. Has the business used the services of any other SMME support agencies?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please give details:</p> |
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35. What are your immediate **business development** needs?

36. What are your immediate **personal development** needs?

37. Any other comments?

38. Please attach copies of the following information to this application form: **All information will be treated with the strictest confidentiality**

- Company business profile
- Company business plan (if available)
- Marketing Information (e.g. brochures, flyers, website)
- Audited Financial Statements (at least for the last two years)
- BBBEE Certificate
- Company Registration Documents

Thank you for completing the form.

³ Middle/senior management is defined as having a supervisory role, being held accountable for resources and/or staff, or earning a gross salary of more than R115,572 per year.

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