

INITIAL ASSESSMENT FOR BUSINESS ADVICE

Name	Age Male Female
City:	Country:
Tel no	
Email	
Websi	te
Social Other.	Media: Facebook Linkedin Twitter Instagram Pinterest TikTok
PLEAS	E STATE "DON'T KNOW" IF YOU ARE UNABLE TO ANSWER ANY QUESTIONS
1)	What is your proposed business?
2)	When did you start trading or intend to start trading? (Please give month and year)
3)	What skills, qualifications and/or experience do you have? (Please attach CV if available)
4)	Where will you trade from?
	☐ Home ☐ Business premises If Business Premises, have you found suitable premises yet? YES /NO
5)	What is the legal status or intended legal status?



	☐ Sole Trader	☐ Limited Company	☐ Partnership	☐ Not sure		
	☐ Other, please	state				
6) How many hours do you work or intent to work in your business?						
	□ 0 – 16 hours	☐ 17 – 35 hours	☐ 36 hours +			
7)	Does or will anyone assist you within your business?					
	☐ Yes If yes, please give	_				
8)	Have you carried	out any market research	1?			
	☐ Yes If yes, please give					
9)	Have you already	got customers or poten	tial customers or	any offers of work?		
	☐ Yes If yes, please give					
10)	What has been y	our highest annual turn	over/sales income	since you've started trading?		



11)	What are you in	vesting or have invested in the business? Please itemize:					
[□ Cash £						
[ipment, machinery, vehicles etc					
[☐ Stock / raw ma	aterials					
[□ Web site						
[Stationery						
[\Box Other, please :	specify					
	What other item	s do you think you need to develop or need to start your business?					
-	How much more business?	cash in total do you think you will need to develop or to start your					
14)		e regular suppliers?					
_	□ Yes If yes, will you be	□ No e offered credit? □ Yes □ No					
15)	Will/Do you offe	r your customers credit terms?					
	□ Yes If yes, please sta	□ No te your intended terms of trading (usually 30 days)					
16)	6) Do you have a business bank account?						
ſ	⊐ Yes	□No					



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