

## Entrepreneurship Development Training Application Form

<b>District Name</b>	
<b>Date of Application</b>	
<b>Enterprise Type (i.e., Crop/Animal Farming)</b>	

<b>Section A: FARMER'S DETAILS</b>	<i>(To be completed by all Applicants)</i>
------------------------------------	--

<b>Full Names</b>						
<b>Surname</b>						
<b>Identity Number</b>						
<b>Gender</b>	<b>Female</b>		<b>Male</b>		<b>Age</b>	
<b>Population Group</b>	African	White	Indian	Coloured	Home language	
<b>Disability Status</b>	No	Yes	If yes, please indicate.			
<b>Telephone No:</b>						
<b>Cell phone No.</b>				<b>Email</b>		
<b>Physical Address</b>					<b>Postal Code</b>	
<b>Postal Address</b>					<b>Postal Code</b>	
<b>Province</b>						
<b>Geographic Type</b>	Rural		Peri-Urban		Urban	
<b>Formal Qualifications</b>						
<b>Training Courses Attended</b>						
<b>Next of Kin</b>						
<b>Physical Address</b>						
<b>Cell No</b>						
<b>Relationship</b>						



**Section C: EXISTING BUSINESS**

**(Applicant who have an existing business)**

Business Name: \_\_\_\_\_

**7. Please indicate the Legal Entity in which your business is operating:**





Close Corporation:

Pty:

Co-ops:

Sole Proprietor

Other: \_\_\_\_\_

**8. Why did you start the business?**

I was retrenched

I can't not find another job

I wanted to have my own business

I have the skills to run a business

  
  
  

  
  
  


I inherited the business

I did not make enough money where I was working

Unhappiness with previous work

I enjoy being in business

**9. How long has the business been in operation and trading?**

  
  
  


Less than 12 months

1 – 2 years

3 – 4 years

4 – 5 years

  
  
  


5 – 6 years

6 – 7 years

8 – 10 years

More than 10

**10. How many people (including yourself) are employed in the business?**

**11. Please provide an estimate of your annual turnover**

<input type="checkbox"/>	Less than R2 000
<input type="checkbox"/>	R2 000 – R5 000
<input type="checkbox"/>	R5 000 – R10 000
<input type="checkbox"/>	More than R10 000

**12. Do you have a separate bank account for the business?**

 Yes

 No

**13. Please indicate what type of business development assistance you need (you can tick more than one service):**

1. Business Feasibility

2. Due Diligence

3. Business Plan

4. Branding of Marketing Material

5. Printing of Marketing material

6. Website Development and Hosting

  
  
  
  
  

  
  
  
  
  


7. Business Operations

8. Business Re-engineering

9. Marketing Strategy & Plan

10. Financial Management (Accounts & Policies)

11. Financial & Accounting Systems

12. Payroll System

**14. Describe how this assistance is likely to improve your business:**

**15. Are you able to investment time, financial and other resources in improving your business?**

Yes

No

**16. Required supporting documents for the training**

1	Identity document Copy	
2	Copy of Company Registration from CIPC, if registered	

**Declaration -**

1. I hereby declare that the information provided in this application is, to the best of my knowledge, true and accurate,
2. I hereby declare that the information in this application form is fair and a true reflection of the intended business/project and that all the documents accompanying this application are authentic.

**Farmer's Signature** \_\_\_\_\_ **Date**   /  /  /  /  /  /  /