

Business Skills: Pre- Course Questionnaire

Name	
Email address	
Mobile number	

1. Identify your stage of development (please mark with an 'X')

Pre-start up - currently exploring options/ideas

Start Up - working on my business for less than 12 months

Post- Start Up - my business is up and running more than 12 months

2. Legal structure of your business/proposed business (please mark with an 'X')

Sole Trader

Partnership

Limited Company

Registered Charity

3. Please describe your business/business idea

4. Please rate your level of expertise with an 'X' where

1 = Not good, 2 = Ok, 3 = Good, 4 = Very good, 5 = Excellent

	1	2	3	4	5
Managing accounts / Bookkeeping					
Taxation					
Sales					
General marketing					
Social media					
Corporate governance					
Networking					

5. Have you completed a business plan? Yes

No

6. Have you completed cashflow projections for the first 12 months of your business?

Yes

No



7. How will you finance your business in the first 12 months?

Bank Loan	€	Friend/relative	€
Credit Union Loan	€	Grants	€
Micro Finance Ireland	€	Other	€
Personal Savings	€	Total Investment	€

8. What are your Top 3 challenges in moving your business forward?

1:
2:
3:

9. Please rank your preferences for the timing of the business course where

1 = most suitable & 4 = least suitable

Morning

Afternoon

Evening

Saturday

10. Please provide suggestions and ideas below for the upcoming business course