

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

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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





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

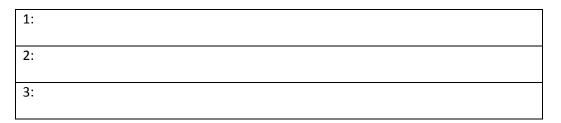
Yes	No	
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7. How will you finance your business in the first 12 months?

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?



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

