

GRANT APPLICATION

CLIENT PRE-ASSESSMENT FORM

Branch						
Area						
Province						
Clients Reference No.:						
Clients Name:						
Assessor Name						
Position						
Date						
Outcome of the assessment	Approved		Referral		Rejection	
Comment on Assessment (Assessor)						
Follow-up on Assessment Outcomes						

PERSONAL PROFILE OF POTENTIAL CLIENT(S)

1. Client Name and Surname: _____
2. South African Citizen Identity Number: _____
3. Contact details: Home Telephone: _____ Cell: _____
4. Fax Number: _____
5. E-mail address: _____
6. Physical address: _____
_____ Postal Code: _____
7. Geographic Location (Rural/Peri-urban/Urban) : _____
8. Marital status: _____
9. No. of Children: _____ No. of other family members you are currently supporting: _____
10. Are you related to any NYDA staff or Board member? Yes No
If yes, indicate who _____

Educational Information (Highest level of Education achieved):

1. Highest standard passed: (e.g. grade R – Matric) _____
2. Tertiary education (e.g. certificate/diploma/Degree etc.): _____
3. Please specify the field of study: _____

Employment History:

1. Are you currently employed? Yes No
If yes, for how long? _____
If no, indicate if you have any previous work experience? (Please explain) _____

General Information

1. The purpose for your visit to NYDA? (Intervention required)?

2. Have you benefited from any NYDA funded services before? Yes No
If Yes Please specify: _____
3. Are you willing to participate in the NYDA Business Development Support if assessed to be requiring them?
Yes No

If no, indicate why: _____

Entrepreneurial Analysis

1. Do you have a business Idea? Yes No
No (if no, refer to EDP training, starting with awareness)
Yes (if yes, follow the questions on the Start Up)
2. Are you currently running your own business? Yes No
No (if no, follow the questions on the Start Up)
Yes (if yes, follow the questions on the Existing Business)
3. Do you have business plan? Yes No
Yes, (if yes, refer for evaluation)
No (if no, refer for training)

Start Up (client who has a viable business idea to start the business)

1. Why do you want to start a business? _____

2. Indicate the sector in which the business will be operating: _____

3. Give a brief description of the idea in terms of :

a. The type of business _____

b. The need the business seeks to satisfy is _____

c. The potential customers are _____

d. The business operate from _____

e. The product/service which the business develop are _____

f. The service be rendered are _____

4. What amount of funding would you require for your business? R _____

5. Assess yourself against the following business feasibility requirements:

a. What management skills/experience do you have to start the business?

b. What technical skills do you have to start the business?

c. Have you identified potential customers?

Yes

No

If yes, who are they

d. Do you have any funds to invest in the business?

Yes

No

If yes, how much?

e. Do you have any equipment to start the business?

Yes

No

If yes, list them:

Existing Business (operational business)

1. Why did you start the business?

2. Indicate the sector in which the business is operating?

3. Give a brief description of the business in terms of :

a. The type of business:

b. The need the business seeks to satisfy is to

c. Who are the customers/ potential customers?

d. Where is the business operating from?

e. What is the product/ service of the business?

f. How is the product/ service delivered/ rendered?

g. How long has the business been in operation?

h. How many people are employed by the business?

i. What is the estimated annual turnover of the business?

Existing Client Business Plan

(for clients who have existing business plans, please assess the business plan using the tool provided)

Capacity Building

1. What skills/ knowledge do you have about the business you want to start?

2. Have you ever received Entrepreneurship training? (Yes/No)

If yes, indicate the training you received and name of the institution. (E.g. financial management, project management, etc. and provide **proof** of the training received.)

0. Are you willing to attend the Entrepreneurship Development Training if required? _____

Recommendation :

(see attached list of Entrepreneurship Development Programme Training Offerings)

Client Signature: _____ Date: _____

Assessor: _____ Signature: _____

Position: _____ Date: _____

Entrepreneurship Development Programme Training Offerings

Awareness (1-2 hrs) (Pre-start Up/ Start Up/ Existing Business)

This intervention is the basis for any training offered by EDP. It covers the following:

- Basic Entrepreneurship Skills
- Characteristics of an Entrepreneur
- Basic Business Requirements

Start Up – 1 (3 days) (Pre-start Up/ Start Up)

1. Module 1 - Demonstrate an understanding of Entrepreneurship and develop entrepreneurial qualities
2. Module 2 – Identify, Analyse and select business Opportunities
3. Module 3 – Write and Present a Simple Business Plan

Course : Small Enterprise - Start Up (3-4 days) (Start Up/ Existing Business)

1. Module 1 – Entrepreneurial Profile
2. Module 2 – Research
3. Module 3 – Legal Aspects
4. Module 4 – Marketing Strategy
5. Module 5 – Management Functions
6. Module 6 – Costing & Pricing
7. Module 7 – Finance Management
8. Module 8 – Business Administration
9. Module 9 – Business Plan

Course: Business Planning Process (4 days) (Start Up/ Existing Business)

1. Module 1 – What is marketing
2. Module 2 – Determine the Financial requirements of the new venture
3. Module 3 – Manage Finances of new Venture

4. Module 4 – Procedure – a business plan for new venture