



Entrepreneurship Development Program Application Form

Date: _____ Application No. _____

1. Name: _____
2. Name of company: _____
3. Email _____
4. Sex: Male Female
5. Home Address: _____ Work Address: _____

 Telephone: _____ Telephone: _____
5. Age: _____
6. Family Status: Never married Married Divorced Widowed
7. Do you have children? Yes No
8. Level of Education (mark the appropriate response(s)):
 Primary . . . Did you graduate? Yes No
 Name of School: _____
 High School/Secondary School . . . Did you graduate? Yes No
 Name of School: _____
 Technical or Polytechnic School . . . How long? _____
 Did you receive a graduation diploma or certificate? Yes No
 What were your areas of study? _____
 Name of School: _____
 University or Professional . . . How many years? _____
 Do you have a degree? Yes No
 What were your areas of study? _____
 Name of School: _____
9. Have you ever been an apprentice? Yes No
 In what trade? _____
 Organization/Person: _____
10. Did your father or mother ever own their own business? Yes No
 If yes, did you work in the business? Yes No
11. Did any of your relatives besides your mother or father ever own their own business?



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Yes

No

If yes, did you work in the business?

Yes

No

12. Think of your three closest friends. Write their names and occupations below:

Name of Friend #1 _____ Is this friend in business for himself/herself Yes No

Occupation _____

Name of Friend #2 _____ Is this friend in business for himself/herself Yes No

Occupation _____

Name of Friend #3 _____ Is this friend in business for himself/herself Yes No

Occupation _____

13. Did any of your friends' fathers or mothers own their own business? Yes No

14. How many people do you know well personally who own their own business? _____

15. Were you the first child born in your family? Yes No

16. Have you traveled outside of your country? Yes No

If yes, list the countries where you have traveled most frequently and how many times have you traveled to each?

Country	Number of Times
_____	_____
_____	_____
_____	_____
_____	_____

How many times a year do you travel to places in your country outside of the region where you were born or where you currently live? _____

16. Please list your past work experience below with your most recent job first:

Employer	Address	Phone Number	Position	Dates



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17. Have you ever tried to start your own business? Yes No
 What kind of business? _____
 What happened to this business? _____
18. Are you presently in business for yourself? Yes No
 What kind of business? _____
19. If you intend to start a business or expand your current business, what kind of business will you start/expand? (Please give details) _____
20. If you do not intend to go into business right away, how do you intend to make use of this entrepreneurship training? _____
21. How much capital do you think you will need to start up or expand your business?

22. Estimate the amount from each of the following sources that you can put into starting/expanding your business:
 Your own money _____
 Loans or gift from family _____
 Loans or gifts from friends _____
 Other sources: _____ Specify: _____
23. Do you own your own home, apartment or land? Yes No
24. Which one of the following ingredients needed to succeed in business do you think is the most important? (Mark one only.)
 Money Education Friends Motivation Other
25. Do you agree or disagree with the following statement?
 "It is more important for a job to offer opportunity than security."
 Agree Disagree
26. Use your imagination and try to think of as many uses as possible for sawdust or products that could be made of sawdust.
- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |
27. Do you agree or disagree with the following statement?
 "There are enough opportunities for people like me to start their own businesses in this country."
 Agree Disagree



28. Imagine that your brother or sister has sent you a gift of US\$30,000 to spend as you like.

What would you do with it?

First use: _____

Second use: _____

Third use: _____

29. If you could have your boss's job and salary for the next five years of your life, would you take it? Yes No

30. How would you describe your desire to start a new business or expand your existing business? (Mark one answer only)

Don't know Average Somewhat strong Very strong

31. At this stage, what are the chances of success for your business? (Mark one answer only.)

10% 20% 30% 40% 50%
 60% 70% 80% 90% 100%

Please explain why this is the case. _____

32. Are you willing to spend six uninterrupted days in the course?

Yes No

33. How did you hear about this program? _____

34. What other entrepreneurship or business development workshops or courses have you attended? Please give dates?

Course	Date

35. Please describe your business or business idea.

Name of the Company: _____

Describe your business or business idea: _____





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HEALTH QUESTIONNAIRE

Name: _____

Age: _____ Sex: M F Date of birth: ____ / ____ / _____

Attention: This information is confidential. The only person that will handle this form will be from the program. The information is very important and you must be very honest. At the end you should please sign the form.

1. How do you consider your health?

Excellent Good Satisfactory Not Satisfactory

2. Do you practice any sport or physical activity?

Yes No how frequently? _____

3. Do you have any chronic sickness?

Yes No Which? _____

4. Have you ever had any serious sickness?

Yes No Which? _____ When? _

5. Do you take any medicine?

Yes No Which? _____

6. Do you have or have had any heart problem?

Yes no
Which/When? _____

7. Do you use drugs?

Yes no How frequently? _____



8. In your life, have you been through any of the situations below in the last 18 months that affected your emotional balance?

Situation	Yes	No	Situation	Yes	No
Stress	<input type="checkbox"/>	<input type="checkbox"/>	Business Crisis	<input type="checkbox"/>	<input type="checkbox"/>
Divorce	<input type="checkbox"/>	<input type="checkbox"/>	Involuntary dismissal	<input type="checkbox"/>	<input type="checkbox"/>
Death	<input type="checkbox"/>	<input type="checkbox"/>	Victim of violence/abuse	<input type="checkbox"/>	<input type="checkbox"/>
Accident	<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>
Serious illness of relatives	<input type="checkbox"/>	<input type="checkbox"/>	Others	<input type="checkbox"/>	<input type="checkbox"/>

In any positive answer:

What reaction have you had? _____

When did it happen? _____

Do you consider your reaction as normal? Yes No

Did you ask for help? Yes No What kind? _____

Did you need to take medicine? Yes No What kind of medicine? _____

9. Have you ever been though psychotherapy or psychic treatment?
 Yes No How frequently? _____

I declare that all the information in this form is the truth and I did not hide anything regarding the questions.

Signature

___/___/___
Date