

SIYB ENTRY FORM & BASELINE

Date this form is filled in: |__|__|dd|__|__|mm|__|__|yy

Country:

Name of PO & SIYB Trainer: College of Business & Management Sciences/

General background information (ALL PARTICIPANTS)

<p>1. Name of participant:</p> <p>2. Address:</p> <p>3. Telephone number:</p> <p>4. E-mail:</p> <p>5. Age and Sex:</p> <p><input type="checkbox"/> 18-20 <input type="checkbox"/> Female</p> <p><input type="checkbox"/> 21-25 <input type="checkbox"/> Male</p> <p><input type="checkbox"/> 26-30</p> <p><input type="checkbox"/> 31-35 Date of Birth: __ __ __ </p> <p><input type="checkbox"/> 36 and over</p>	<p>6. Marital status:</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p> <p>7. Number of yours or other people's children living with you: __ __ </p> <p>8. Number of elderly persons you are taking care of: __ __ </p>	
<p>9. Highest education completed:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Some Primary</p> <p><input type="checkbox"/> Finished Primary</p> <p><input type="checkbox"/> Some secondary</p> <p><input type="checkbox"/> Finished Secondary</p> <p><input type="checkbox"/> Higher</p>	<p>10. Can read and write in SIYB seminar language?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>11. Can do simple calculations?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>12. Have you ever participated in business or management training before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. How long did the training take? __ __ weeks __ __ months __ __ years</p> <p>14. What kind of training did you receive?</p> <p><i>Explain:</i></p>		
<p>15. Have you ever participated in technical / vocational training before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. If yes, how long did the training take? __ __ weeks __ __ months __ __ years</p> <p>17. What kind of training did you receive?</p> <p><i>Explain:</i></p>		
<p>18. Would you be able and/or prepared to pay a fee for the training? <input type="checkbox"/> Yes, 400,000/= (local currency) <input type="checkbox"/> No</p>		
<p>19. Are you in business at the moment?</p> <p><input type="checkbox"/> No, not in business ▶ <u>Proceed to SYB Questions 20-24 & 43-56!</u></p> <p><input type="checkbox"/> Is undertaking business activities but has no formally established enterprise } <u>Proceed to IYB Questions 25-56!</u></p> <p><input type="checkbox"/> Yes, owns or manages a (formally) established business }</p>		

SYB Related Questions (If No, to question 19)

20. Do you have a business idea?

- No, not yet
- Yes, please describe: _____

21. Do you feel this business idea is feasible, or does it need more work?

- Needs more work
- Yes it is feasible. Why? _____

22. Please explain why you want to start a business:

23. When do you intend to start your business?

- in the next month
- in the next 3 months
- in the next 6 months
- in the next 12 months

24. Do you have the necessary (technical) skills for the business you intend to start?

- No
- Yes, please explain more:

IYB Related Questions (If Yes, to question 19)

25. Please describe your current business activity:

26. Line of business:

- Retail
- Manufacturing
- Combination
- Agriculture/Agro-related
- Wholesale
- Service operation
- Others:

25a: Name of business:

27. Are your business activities commercially viable at the moment?

- Yes
- No

If yes, why? _____

If no, why? _____

28. Does your business have any form of registration (vat, license, land, etc?)

- No
- Yes

If yes, please specify:

29. What is your position in the business?

- Owner / manager
- Employee / coop member
- Shared ownership (business partner)
- Shared ownership (Husband/Wife)

30. When was this business started:

- Less than 12 months ago
- 12 months ago or more, Specify months:

31. How did you finance your business start up? (tick all that apply)

- Own savings
- Family loan
- Group loan
- Micro finance loan
- Commercial ban loan
- Other:

32. What are your plans for the business in the near future?

- Remain with / strengthen same business
- Start new business activities in addition to existing one
- Start other line of business (replacing old one)
- I am not yet clear about this

33. Are you a member of any business association?

- No
- Yes, if yes please specific name of association:

IYB Business Performance Questions

(Please mention that this information will be treated strictly confidentially)

34. What were your sales in the last week? _____ (local currency)

35. What were your sales in the last month? _____ (local currency)

36. What are your sales in a typical month? _____ (local currency)

37. What were your profits in the last week? _____ (local currency)

38. What were your profits in the last month? _____ (local currency)

39. What are your profits in a typical month? _____ (local currency)

40. Do you own any of the following business assets:	Number	Total value (local currency)
i. Machinery, including any generators, small and medium machines used in your business		
ii. Tools, including anything you use to conduct business		
iii. Equipment, including vehicles and transport products		
iv. Land, if belonging to the business. This includes land for any buildings (Measure in acres?)		
v. Buildings, if belonging to the business		
vi. Other, specify		

IYB Employment Related Questions
(people who work in business for minimum 15 hours per week, paid in cash or kind)

41. How many people do you employ, including yourself and family members: _____ people

Please fill in the table below on the specifications of employees

Owner(s):	Paid employees, including family members:	Unpaid employees, including family members:	Apprentices, including family members:
_____	_____	_____	_____

42. Are you satisfied with the working conditions that your business provides to the workforce (including owner)? You can compare your own situation to similar businesses in your community.	Good	Fair	Not good	Poor
- salary levels of workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- access to national insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- additional health or other insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- annual leave arrangements for employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- training and other developmental opportunities for workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- other benefits, such as	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions on Knowledge of business and other topics for ALL PARTICIPANTS!
(for people not in business, ask how they will handle these issues in the future)

On a scale from 1 to 4*, how would you rate the following knowledge and practices in business

4 = excellent (no improvement necessary),
3 = satisfied (minor improvements required)
2 = not satisfied (major improvement desired)
1 = poor (needs to be improved/ replaced totally) In the blank space below, summarize the answers. Please use **BLOCK LETTERS**

43. Please explain how you determine the cost of your product or service. For instance, do you examine other sellers prices, do you bargain with customers, do you calculate direct and indirect costs?

4	3	2	1	Explanation
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44. Describe how you handle the receipts of purchases. For instance, do you keep a receipt book and ledger?

4	3	2	1	Explanation
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45. What do you do to promote your sales? For instance, do you use sign boards or radio or other types of adds?

4	3	2	1	Explanation
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46. How do you calculate your total profits? For instance, do you use a ledger, a profit and loss statement just your head?

4	3	2	1	Explanation
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47. Do you feel that HIV/AIDS has impacted, or could impact in any way impact on your business?

4	3	2	1	Explanation
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48. What would you do if you found out one of your workers was living with HIV/AIDS??

4	3	2	1	Explanation
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49. What benefits do your employees receive?				
4	3	2	1	Explanation:
50. In your view, what constitutes a safe and healthy work environment?				
4	3	2	1	Explanation:

Questions on Household Situation for ALL PARTICIPANTS!																									
<p>We would like to also understand some of the conditions of your household. Please tell us about the items you own in your home and are not used in the business. This information will be kept confidential.</p>																									
<p>51. What type of housing unit do you and your household usually sleep in?</p> <p> <input type="checkbox"/> Tent <input type="checkbox"/> Detached house <input type="checkbox"/> Semi-detached house <input type="checkbox"/> Flat / apartment <input type="checkbox"/> Hut <input type="checkbox"/> Other: _____ </p>																									
<p>52. Please tell us about the assets in your home. How many of each of the following items do you and your household own? Write number</p> <table border="0"> <tr> <td> _ _ _ Animals</td> <td> _ _ Bicycles,</td> <td> _ _ Car and home batteries</td> </tr> <tr> <td> _ _ _ Trees</td> <td> _ _ motorcycles</td> <td> _ _ Generators</td> </tr> <tr> <td> _ _ _ Farming equipment, including hoes, pangas, ploughs and granaries</td> <td> _ _ Cars, trucks and tractors</td> <td> _ _ Sewing machines</td> </tr> <tr> <td></td> <td> _ _ Mobile phones</td> <td> _ _ Boats or canoe</td> </tr> <tr> <td></td> <td> _ _ Watches</td> <td> _ _ Boat engine</td> </tr> <tr> <td></td> <td> _ _ Sofas and chairs</td> <td> _ _ Laptop or desktop computer</td> </tr> <tr> <td></td> <td> _ _ Water-heaters</td> <td> _ _ Airconditioners</td> </tr> <tr> <td></td> <td> _ _ Tables</td> <td></td> </tr> </table>		_ _ _ Animals	_ _ Bicycles,	_ _ Car and home batteries	_ _ _ Trees	_ _ motorcycles	_ _ Generators	_ _ _ Farming equipment, including hoes, pangas, ploughs and granaries	_ _ Cars, trucks and tractors	_ _ Sewing machines		_ _ Mobile phones	_ _ Boats or canoe		_ _ Watches	_ _ Boat engine		_ _ Sofas and chairs	_ _ Laptop or desktop computer		_ _ Water-heaters	_ _ Airconditioners		_ _ Tables	
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<p>53. In acres, how much land does your family own? _____ ACRES</p>																									

This questionnaire is to be used in the Training Needs Analysis (TNA) and collection of baseline data for for EACH participants and is the responsibility of the SIYB PO and the SIYB Trainer to complete with the participant. The participant should NEVER fill in this questionnaire by her/himself.

The SIYB Entry Form & Baseline can be filled in electronically and should be submitted to secbiz@bams.mak.ac.ug c.c cimbidde@gmail.com