

SIYB ENTRY FORM

Name of organization: _____

Date of interview: ___ / ___ / ____)

1 Name of applicant:	4 Sex: <input type="checkbox"/> a. Male <input type="checkbox"/> b. Female
2 Postal address:	5 Age: <input type="checkbox"/> a. 16-25 <input type="checkbox"/> b. 26-35 <input type="checkbox"/> c. 36-45 <input type="checkbox"/> d. 46 and older
3 Telephone number:	6 Ethnicity: <input type="checkbox"/> a. Sinhalese <input type="checkbox"/> b. Tamil <input type="checkbox"/> c. Other

7 Highest education completed: <input type="checkbox"/> a. Primary <input type="checkbox"/> b. Secondary O level <input type="checkbox"/> c. Secondary A level <input type="checkbox"/> d. Higher	8 Can you read and write in... Sinhala? <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No Tamil? <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No English? <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No	9 Can you do basic calculations? <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No
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10 Have you participated in business management training seminars before? a. Yes b. No
If yes, please describe:

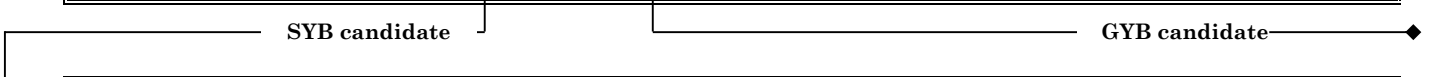
11 Have you undergone technical/vocational training? a. Yes b. No
If, yes, please describe

Use reverse page to write down details

12. Are you currently in business ? a. Yes — If yes, continue with question 16 — IYB candidate
 b. No

13. Do you have a concrete business idea yet?
(i.e. regarding what type of business, what product at what price, for which customers and how to reach them)

a. Yes b. No *Potential entrepreneurs lacking a concrete business idea end interview here*

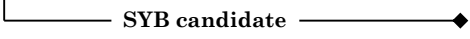


14. Please describe your business idea in detail
(type of business, what product at what price, for which customers and how to reach them)

Use reverse page for futher notes

15 How do you intend to source the start-up capital?

a. Own savings
 b. Borrow from family / friends
 c. Borrow from Bank / credit society specify institution _____
 d. Does not know yet *Potential entrepreneurs with a concrete business idea end interview here*



16 Please describe briefly your current business activity	17 Line of business: <input type="checkbox"/> a. Retail <input type="checkbox"/> b. Wholesale <input type="checkbox"/> c. Manufacturing <input type="checkbox"/> d. Service Operation <input type="checkbox"/> e. Agriculture / Agro-related <input type="checkbox"/> f. Combination
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18 Position in the business: <input type="checkbox"/> a. Owner / manager <input type="checkbox"/> b. Shared ownership <input type="checkbox"/> c. Employee / member	19 Number of years experience in this or any other business: <input type="checkbox"/> a. less than 1 year <input type="checkbox"/> b. more, specify: _____
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20 Does the business operate from fixed premises?

a. Yes
 b. No

If yes, write down the business address:

21. Please estimate the value of the total investments made in the business:

Machinery / tools / equipment:	_____ Rs
Vehicle(s) / bicycle (s) / other means of transport:	_____ Rs
Land, if belonging to the business:	_____ Rs
Buildings, if belonging to the business:	_____ Rs
Other, specify _____:	_____ Rs
Total	_____ Rs

22 How many jobs does your business provide in total, *including the owner*: _____ jobs*

* a job means working for minimum 15 hours per week and being paid for work in cash or kind

and among these jobs, the number held by females _____
workers below fifteen years of age _____

23. Ask him/her the following questions to check on knowledge about business management, and qualify the results by ticking either a, b, or c

1. <i>How do you calculate the total costs of your products</i> a. Specifies material costs, labour costs and indirect costs b. Specifies some direct and indirect costs c. No knowledge on direct / indirect costs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. <i>How do you handle the receipts of purchases?</i> a. Keeps receipts and files them b. Keeps receipts but does not file them c. Does not work with receipt, does not keep or file them	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. <i>How do you control your stocks?</i> a. Does regular stock-taking, keeps stock cards / registers b. Knows more or less the stocks, but does not keep registers c. Does not keep stocks, does not know volumes / values	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. <i>What do you do to promote your sales?</i> a. Mentions at least 3 forms of sales promotion b. Mentions less than 3 forms of sales promotion c. Does not know any form of sales promotion	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. <i>How do you handle credit sales?</i> a. Is selective and keeps customers' accounts records b. Has no formal credit registration system c. Does not allow credits / does not know	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. <i>How do you calculate your total profits?</i> a. Calculates regularly total income – total expenditure b. Estimates but does not formally calculate c. Never calculates total profits / does not know	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

26 What does he/she expect to learn during the SYB / IYB training?

Use reverse page to write down details

Existing entrepreneurs end interview here

IYB candidate ▶