## TRAINER APPLICATION FORM

This is the application form for the initial selection of candidates to the Start and Improve your Business Training Programme. We thank you for your interest in this training programme and kindly ask you to fill all the questions of the form attached and to join updated curriculum vitae. Female applications are strongly encouraged.

# A Background information (Education level, BDS and adult learning experience)

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| 01. Name of the applicant: | 02. Country: |
| 03. Organization: | 04. Employed since: |
| 05. Your position in the organization: | 08. Email:09. Cell phone: |
| 06. Postal address: | 10. Telephone:11. Fax:  |
| 07. Home address: | 12. Year of birth: 13. Gender: Male Female Other |
| 14. What is the highest educational level you completed? Elementary (0)  Secondary (1)  College (2)  Higher, please specify: \_\_\_\_\_\_\_\_\_\_ (3) | 15. How is your understanding of the local business language? Excellent (3) Good (2) Fair (1) Weak (0) |
| 16. Which other relevant training qualifications do you have:1.2.3. | 17. Who do you provide assistance to most? Potential entrepreneurs*Owners/managers of:* Micro sized enterprises (<10 employees) Small sized enterprises (<100 employees)  Medium/large sized (>250 employees Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 18. What experience do you have in adult education? |
| 🞎 Planning courses (logistics, choice of venue, equipment, etc.)🞎 Organizing courses (selection, training needs analysis, programme design)🞎 Conducting courses (teaching, training and/or facilitation)🞎 Evaluation of courses (appreciation, performance, impact) | 19. How many years of experience do you have in training adults?  <1 year (0)  1-2 years (1)  3-5 years (2) >5 years (3) |
| 20. In which of the following Business Development Service (BDS) areas are you most experienced? Business start-up/management training Business counselling / advisory services Vocational / technical training Financial assistance / Credit supply Licensing / Legal assistance / Creation of associations Other,  | 21. How many years of experience do you have offering Business Development services (BDS)?  <1 year (0)  1-2 years (1)  3-5 years (2) >5 years (3) |
| 22. How many years of experience do you have with training potential / existing entreprepeneurs?  | 23. Briefly describe the main difficulties you face as a trainer training potential / existing entrepreneurs: |
|  <1 year (0)  1-2 years (1)  3-5 years (2) >5 years (3) | *1:**2:**3:* |
| 24. How many years of your own business experience do you have?  | 25. Describe your own business experience, if any: |
|  0<1 year (0) 1-2 years (1)  3-5 years (2) >5 years (3) | 26. Is this business still in operation?  Yes No  |

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| 27. How do you [or your organization] cost the trainings that you provide? \_\_\_\_\_\_\_\_\_0= if always provided for free through donor funding; 1= if trainees pay at least for their lodging/travel/meals  2= close to 50% only subsidized 3= participants pay for their training**Include any others comments if needed** |
| 28. Do you have any other relevant expertise and training experience, other than in business start-up and management related topics (e.g. leadership training, association building, etc.) that you would like to mention? If yes, please specify:  |

**B Business Management Concepts**

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| 29. Have you been previously trained in SIYB in the following capacity? SIYB as entrepreneur  Other as entrepreneur: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other as trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ As entrepreneur and as trainer |
| 30. How do you rate your knowledge of the following business start-up and management topics? |
| Topic: | 31. How do you rate your knowledge of these topics? | 32. Have you trained entrepreneurs in these topics? |
|  | *Excellent* | *Good* | *Fair* | *Weak* | *Yes* | *No* |
| Entrepreneurial characteristics |  |  |  |  |  |  |
| Generating and testing business ideas |  |  |  |  |  |  |
| Preparing and presenting a business plan |  |  |  |  |  |  |
| Start-up capital, lending institutions, etc. |  |  |  |  |  |  |
| Legal forms of business |  |  |  |  |  |  |
| Legal responsibilities, licenses and insurances |  |  |  |  |  |  |
| Business and family |  |  |  |  |  |  |
| Marketing |  |  |  |  |  |  |
| Buying & Stock control |  |  |  |  |  |  |
| Product costing  |  |  |  |  |  |  |
| Accounts / record / book-keeping |  |  |  |  |  |  |
| Planning for your business |  |  |  |  |  |  |
| People and productivity  |  |  |  |  |  |  |

**C Constructive behaviour towards training participants, partners**

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| 33. What are the training needs of small-scale entrepreneurs?34. How do you think these training needs can be addressed best? |

**D. Personal assessment and expectation from training: Internal motivation, self-esteem and frank introspection**

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| 35. Briefly describe your major strengths and weaknesses as a trainer: |
| *Strengths:**1:**2:* | *Weaknesses:**1:**2:* |
| 36. What subject / topic do you expect to learn during the SIYB Training of Trainers? |
| *1:**2:* | *3:**4:* |
| 37. What personal improvement do you expect from being an SIYB trainer? | 38. How many clients do you expect to train yourself annually with the SIYB programme?  |
|  |  < 20 a year  from 20 to 40 a year  from 40 to 60 a year > 60 a year  |

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| E. If you were selected |
| When are you available you participate in a Training of Trainers workshop, even outside of your country? [If you come from a lusophone speaking countries]: Which language would you prefer to be trained? English or French] |
| To what extent will you be available to undertake Training of Entrepreneurs and coach them through individual or group counselling? |

# F Please feel free to write down any other comments / observations:

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