



Glen Eira City Council

Mentor Partners Program Client Application



Please complete this confidential business questionnaire and forward it to:

sandy.brouvalis@kingston.vic.gov.au

| | |
|--------------------|-----------------|
| Business Name: | Industry Sector |
| Contact Person | Title/Position |
| Phone: | Mobile: |
| Email: | Website: |
| Postal Address: | |
| Suburb | PostCode |
| Business Location: | Suburb |

Please provide comments below and check (X) the appropriate box where required:

ELIGIBILITY

1. Is your business based in the City of Glen Eira or City of Kingston? Yes No
2. Is your business a franchise or tiered marketing program? Yes No
3. Have you used the Mentor Partners service before? Yes No
4. When was your business established? _____

BUSINESS CHARACTERISTICS

5. Please describe the nature of your business; product/service:

6. What is the approximate annual turnover of your business?

| | | |
|--|--|--|
| \$0-\$50,000 <input type="checkbox"/> | \$50-100,000 <input type="checkbox"/> | \$100 -300,000 <input type="checkbox"/> |
| \$300-500,000 <input type="checkbox"/> | \$500-1,000,000 <input type="checkbox"/> | over \$1, 000, 0000 <input type="checkbox"/> |
7. How has your turnover changed in the past 12 months?
Increased *Remained constant* *Decreased* by approximately _____%
8. How do you anticipate turnover will change in the next 12 months?
Increase *Remain constant* *Decrease* by approximately _____%
9. How many employees do you currently have?
Full Time _____ *Part Time* _____ *Contract* _____
10. Over the past 12 months, did you...
Employ additional staff? or *Reduce your staff numbers?* *Number involved* _____
11. Within the next 12 months, do you expect to...

Employ additional staff? or Reduce your staff numbers? Number involved _____

12. Are your business premises...

- Home based? Yes No
Owned by you? Yes No
Rented or Leased? Yes No

13. Is the market for your products/services...

- Local (Melbourne)? Yes No
Regional (Victoria)? Yes No
Interstate? Yes No
Overseas? Yes No

TECHNOLOGY

14. Do you use a computer for...

- Email? Yes No
Accounting? Yes No
Word processing? Yes No
Databases? Yes No
e-Commerce? Yes No
If yes, what percentage of sales is generated by e-Commerce? _____ %
Do you use any other business applications? (Please specify) _____

MANAGEMENT

15. What is the structure of your business?

- Sole Trader Partnership Company Other (Please describe) _____

16. Is the business your sole form of income? Yes No

17. Have you ever been declared bankrupt? Yes No

18. Are you currently engaged in any litigation that could affect your business? Yes No

PLANS AND STRATEGIES

19. Do you have a current and comprehensive...

- Business plan? Yes No
Marketing plan? Yes No
Budget? Yes No
Cashflow forecast? Yes No

20. How often do you use these plans? Regularly Sometimes Never

21. Have you ever completed a SWOT Analysis on your business? Yes No

BUSINESS ASSISTANCE

22. Please list any external services or agencies you have used to assist your business
(Including private coaching services, government programs, industry associations, etc.)

23. What services does your accountant currently provide?

Taxation and Book-keeping services..... Yes No
 Assistance with Business Planning Yes No

MENTOR PARTNERS PROGRAM

24. Do any of the following 3 main causes of problems with small businesses apply to you?

Insufficient capital..... Yes No
 Inaccurate or inefficient record keeping Yes No
 Little or no business training..... Yes No

25. In which of the following business areas do you feel that you require assistance:
 Please list in order of priority from 1 (highest priority) to 10 (lowest priority)

Business Planning?..... _____
 Finance & Accounting? _____
 Sales & Marketing? _____
 Production & Distribution?..... _____
 Information technology?..... _____
 Legal & Administration? _____
 Human Resource Management? _____
 International Trade? _____
 General Management?..... _____
 Other? (Please specify)

26. What are your expectations of assistance from the Mentor Partners program?

27. How much time are you prepared to commit to working on your business with a mentor?
 _____ hours per week

28. How did you hear about this program?

Newspaper Council Website Word of Mouth Business Group
 Other (Please specify) _____

DECLARATION

I have completed this application accurately to the best of my knowledge. I understand that the information I have supplied is for the purpose of determining my eligibility for the Mentor Partners program administered by the City of Glen Eira and City of Kingston and will remain confidential.

Signed by the Applicant:

Date:
