

SIYB CLIENT ENTRY FORM

Please transfer data to the ToE Activity Report form and in addition to submitting a copy to ILO, send a copy of the complete report to your SIYB Training Service Facilitator.

I. Client information

(This form received on: _)

1. Your name:	2. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
3. Your address (business or personal):	4. Age: __ <input type="checkbox"/> 16 - 25 <input type="checkbox"/> 36 - 45 <input type="checkbox"/> 26 - 35 <input type="checkbox"/> 46 - 60 <input type="checkbox"/> > 60
5. Email:	6. Faxnumber:
7. Telephone:	
8. Your highest education completed: <input type="checkbox"/> Elementary <input type="checkbox"/> <input type="checkbox"/> College <input type="checkbox"/> Higher Please specify: _____	9. How would you rank your abilities to read and write in the seminar language and do simple calculations? <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Weak
10. Currently, what is your main occupation? (select all that apply to you) <input type="checkbox"/> full-time employed in public sector <input type="checkbox"/> full-time self-employed / own business <input type="checkbox"/> part-time employed in public sector <input type="checkbox"/> part-time self-employed (own business) <input type="checkbox"/> full-time employed in private sector <input type="checkbox"/> farming <input type="checkbox"/> part-time employed in private sector <input type="checkbox"/> retired <input type="checkbox"/> unemployed, previously employed in public sector <input type="checkbox"/> school leaver <input type="checkbox"/> unemployed, previously employed in private sector <input type="checkbox"/> unemployed, previously self-employed / own business	
11. What is your average monthly family income? (in local currency)	12. Have you attended SIYB training before? <input type="checkbox"/> None <input type="checkbox"/> IYB <input type="checkbox"/> GYB <input type="checkbox"/> EYB <input type="checkbox"/> SYB <input type="checkbox"/> Any other combination, please specify
13. Have you attended any skills training related to your business? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes please specify:</i> <i>How long was the training?:</i>	14. Have you attended any business management courses before? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes please specify:</i> <i>How long was the training?:</i>

II. Business starters

15. Do you have a concrete and feasible business idea? <input type="checkbox"/> No, not yet <input type="checkbox"/> Yes → Please describe:	17. For the business you intend to start, do you currently have the necessary technical skills? <input type="checkbox"/> No <input type="checkbox"/> Yes
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