



# ECONOMIC GARDENING ILLAWARRA

Building Entrepreneurship in Illawarra Businesses

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## Application Form Confidential

**Business Name:**

**Contact Name:**

**Phone No:**

**Mobile No:**

**Fax No:**

**Email Address:**

**Postal Address:**

<input type="text"/>	
<input type="text"/>	<b>Post Code:</b>

**Street Address:**

<input type="text"/>	
<input type="text"/>	<b>Post Code:</b>

**Give a brief description of the product (s) and/or service (s) your business provides**

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**1. What is your connection to the business? (Please tick)**

- I am the owner of the business
- I am a part-owner of the business
- Other (Please specify):



**Industry &  
Investment**

**2. How is the business structured? (Please tick)**

Company

Sole Trader

Trust

Partnership

Other (Please specify):

Please confirm you have an ABN

Yes

No

**3. How long has the business been operating?**

Years

Months

**4. (a) What did the business turnover in the 2009/2010 financial year?**

\$

**(b) What did the business turnover in the 2008/2009 financial year?**

\$

**5. Where are your customers from? (Please give approximate %'s)**

Local =  % Regional =  % National =  % Overseas =  %

**6. (a) Do you conduct sales over the Internet?**

Yes

No

**(b) If yes, what percentage of sales comes through the internet**

%

**7. How many staff do you currently employ?**

(a) Full-time =

Part-time =

Casual =

**(b) How many staff did you employ 12 months ago?**

**8. What are your priorities for the business over the next year?**

Please rank each box by numbering them in order of importance;

1 = most important to 10 = least important.

<input type="text"/>	Consolidate current level of business	<input type="text"/>	Expand business territory
<input type="text"/>	Diversify product(s) / service (s)	<input type="text"/>	Increase productivity
<input type="text"/>	Increase no. of staff employed	<input type="text"/>	Increase profits
<input type="text"/>	Export product(s) / service(s)	<input type="text"/>	Develop e-business
<input type="text"/>	Commence or expand manufacturing	<input type="text"/>	Other (Please specify) _____



# QUICK BUSINESS QUESTIONNAIRE

How would you rate the performance of your business in the following areas?  (Please tick only one category on each line)	Not our strong point	Could use some improvement	Adequate	Strong	The Best!
• Financial Management					
• My share of the available market (in the area my business operates)					
• Competitiveness in product(s) / service(s)					
• Customer Care					
• My leadership of the team					
• Business Planning					
• Marketing Strategies					

How important to you are the following business issues?  (Please tick only one category on each line)	Not at all important	I've got higher priorities	Not sure	Important	A very high priority
• Being 'hands-on' in the day-to-day delivery of my products and services					
• Expanding the market share in my existing business locations					
• Using the latest techniques to grow my business (including the internet)					
• Developing new market-leading products / services for my existing business					
• Becoming a strategic manager and delegating the 'hands-on' work to my team					
• Moving ahead soon with expansion projects, e.g. <ul style="list-style-type: none"> <li>➤ Opening new branches/offices</li> <li>➤ Opening another business with completely new products/services</li> <li>➤ Moving into export</li> <li>➤ Franchising my business</li> </ul>					