



Business Support Unit (BSU)

Client Assessment Form

Please provide the following information and answer the questions below. The information provided is protected and confidential.

GENERAL INFORMATION

Business Name:						
Owner(s) Name:						
Business Address:						
Telephone Number:	Business:		Personal:			
Business Email:						
Business Start Date:						
			7			
Type of Business:	Sole Proprieto	r		on Non-Profit Other		
Business Status:	New/Start-up	Existing				
No. of Employees:						
MSME Recipient:	Yes	No				
Govt. Grant Recipient:	☐ Yes	□No				
BUSINESS SUPPORT SERVICES What business support services do you require? Select all that apply:						
Website Design		orketing Plan		Business Plan Prepration		
Logo Design	\equiv	arketing Plan ocial Media Marketing		Business Advisory		
Package & Label Des	=	ocal/Export Marketing	H	Training Programme		
Flyers/Brochures	=	dvertising & Promotion		Administrative Services		
Business Cards		rchitectural Design		Meeting Rooms		
Printing	=	easibility Study	Ī	Business Management		
Photography		ookkeeping Support	\Box	Inventory Management		
Videography		nancial Statements		Production Mangement		
Dronography	Fi	nancial Coaching		Regional/Int'l Tradeshow		
Graphic Design	Ac	ccounting Software		Legal Services		
Uniforms	Q	uality Control		Other:		

TRAINING & BUSINESS DEVELOPMENT

Select all training that wou	ld be beneficial to your bu	usiness.			
Recordkeeping Marketing Market Research Accounting Security Management Microsoft Excel	Business Plan Financial Planning Copyright Customer Service Legal Requirements Public Speaking	 Inventory Management Disaster Planning QuickBooks Human Resource Management Banking Requirements Negotiation 			
Other, please specify:					
What is your vision for your busin	ess?				
What challenges are you facing in implementing your vision?					
How do you prefer to receive busing Online One-on-one (e.g. Busine) Thematic support (e.g. Continued support (e.g. Other (please specify)	ss Advisor) conferences/events/workshops	/webinars)			
What activities are you most likely	y to participate in? Select all tha	t apply.			
Focus groups Online training Survey/Questionnaires Local, regional and inter Conferences, seminars,					
What is your preferred time to att	end training workshops?				
MorningsAfternoonsEvenings					