



WOMEN ENTERPRENEURSHIP DEVELOPMENT PROGRAMME

(Within the framework of the Private Sector Development Programme)

This application form must be returned to WIBA, the Department of Gender Affairs, BOCCIM, BEMA, LEA or HATAB offices before the 28th June, 2013 at 15h00.

APPLICATION FORM

SECTION A: MINIMUM REQUIREMENTS FOR ELIGIBILITY INTO PROGRAM

Only those meeting the following requirements are eligible to fill in the next Sections B-C

| PROGRAM REQUIREMENT | |
|--------------------------------------|--|
| Business Sector (indicate which one) | |
| Agro processing | |
| Tourism | |
| Arts & Crafts | |
| Leather | |
| Textile | |
| Waste Management | |
| Services (ICT) | |
| Manufacturing | |

| | |
|---|--|
| Company registration number (compulsory) | |
| % of shares held by female business owner (s) (min 51%) | |

Please attach form from the registrar of companies

Details of other shareholders

| | |
|---------|--|
| Name | |
| Gender | |
| % share | |

Members , please tick where appropriate.

| | |
|---|--|
| Women in Business Association (WIBA) | |
| Botswana Confederation of Commerce Industry & Manpower (BOCCIM) | |
| Gender Affairs and Department (former WAD) | |
| Women Finance House Botswana (WFHB) | |
| Botswana Council of Women (BCW) | |
| Hospitality and Tourism Association of Botswana (HATAB) | |
| Local Enterprise Authority (LEA) | |
| Botswana Manufactures and Exporters Association (BEMA) | |
| Annual Turnover (up to P300 000) OR / AND | |
| Assets (up to P100 000) | |

SECTION B: APPLICANT'S DETAILS

Details

| | |
|---|--|
| Applicant's Name (First Name & Surname) | |
| Age | |
| Nationality | |
| Name of Business | |

Contact Details:

| | |
|------------------|--|
| Mobile # | |
| Landline # | |
| Facsimile # | |
| Email Address | |
| Physical Address | |
| Postal Address | |

Educational background

| | |
|---|--|
| Education (highest level of education attained) | |
| Vocational training and qualification | |

SECTION C: PROGRAM QUESTIONNAIR
FINANCIAL

| | QUESTION | RESPONSE |
|---|--|----------|
| 1 | Who do you currently bank with? i.e. who is your business banker? | |
| 2 | Have you ever benefited from a finance facility e.g. bank loan, overdraft etc If yes, what type ? | |
| | When ? | |
| | Amount? | |
| | Financing Institution? | |
| | Did your business needs satisfied? If no, indicate why? | |
| 3 | Have you ever benefitted from any developmental program by Government e.g. Financial Assistance Policy (FAP), Local Procurement Program (LPP), LEA ? | |
| | If yes, what type? | |
| | When? | |
| | Amount? | |
| | Developmental Institution? | |

| | QUESTION | RESPONSE |
|----|--|----------|
| | Were your business needs satisfied? If no, indicate why? | |
| 4 | What is your annual turnover? | |
| 5 | Net Assets Value i.e. Assets less Liabilities | |
| 6 | Financial Year End | |
| 7 | Last set of financial statements available? (provide a copy) | |
| 8 | What are your profit margins (both gross and net)? | |
| 9 | Have your financials ever been audited? | |
| 10 | Have you personally financed the business? | |
| 11 | Are you facing any other challenges in this segment? | |

PRODUCTION

| # | QUESTION | RESPONSE |
|----|--|----------|
| 12 | What is the range of your products? | |
| 13 | What proportion or % of your raw materials is available locally? Elaborate | |
| 14 | Have any of your products been quality certified? If yes, elaborate | |
| 15 | What is your current production capacity and what would it take to move closer to 100% capacity? | |
| 16 | If currently operating below full capacity, give reasons | |
| 17 | Any machines not in operation now? If yes, give details and estimated repairs costs | |

| # | QUESTION | RESPONSE |
|----|--|----------|
| 18 | Are you facing any other challenges in this segment? | |

MARKET, COMPETITION & COMPANY BRAND

| # | QUESTION | RESPONSE |
|----|--|----------|
| 19 | Who is your target market? | |
| 20 | Do you export? If no, why not? | |
| | If yes, where to and why? | |
| 21 | What market are you trying to penetrate? | |
| | What problems do you face in this ? | |
| | Why are you facing these problems? | |
| | What can be done to solve these problems? | |
| 22 | Have you identified any gaps in the market or new markets? Elaborate | |
| 23 | What is your competitive advantage? What do you do differently or better from others? | |
| 24 | Are you a well known brand? If yes, give evidence / elaborate | |

| # | QUESTION | RESPONSE |
|----|---|----------|
| 25 | How do target customers get to know about your business? | |
| 26 | Have you ever won any awards, whether personally or for the business? If yes | |
| | Where? | |
| | Description of award? | |
| | Awarding institution? | |
| | Award benefits? | |
| 27 | Are you aware of your competitor? | |
| 28 | Do you have any comparisons with your competitors? | |
| 29 | Are you facing any other challenges in marketing and selling? | |

HUMAN RESOURCES

| | QUESTION | RESPONSE |
|----|---|----------|
| 30 | Staff complement i.e. how many staff members do you have including yourself ? | |
| | Are you are full time engaged? | |
| 31 | Break down staff complement into Citizens | |
| | Non citizens | |
| 32 | Organizational structure | |
| | Owner | |

| | | |
|----|---|--|
| | Director/ CEO | |
| | Supervisory/ Management | |
| | Finance/ accounts | |
| | Administration | |
| | Technical | |
| | Manual/ Clerical (provide a copy of structure) | |
| 33 | Staff turnover rate How long have you had your longest serving employee? | |
| | How long does staff stay on average? | |
| | Do you struggle with finding skilled staff? | |
| | If yes What is the reason | |
| 34 | Have you ever done a 'skills gap analysis'? If yes, what are the identified skills gaps at your business? | |
| 35 | Are you facing any other challenges in staff and HR and skills? | |

SUSTAINABILITY

| | QUESTION | RESPONSE |
|----|---|-----------------|
| 36 | Do you have business risk management plan? If so what is it? | |
| | Where do you see your business to be in the next 5 years? | |
| | What are your business risks? List them | |
| | What do you intend to do in order to alleviate your business risks? | |
| 37 | What is your succession plan? | |
| 38 | Are you involved in any other business? If yes | |
| | Name of business | |
| | Business sector | |
| | Location | |
| | How long in operation | |
| | Your % shareholding | |

| | | |
|----|--|--|
| 39 | Type of Capacity Building needed to perform your business What type of assistance to you require? | |
| 40 | Please provide any other additional information useful for assessing your company | |