

LOGO OF PARTNER INSITUATION

DATE

Dear Sir/Madam, (or by name if known)

Technological Toolkit for Entrepreneurs - [TTE@40](#).

We are writing to you because we believe you may be in the process of starting up or have recently started a new business. We are partners in a Leonardo research and training programme [TTE@40](#), funded by the European Commission. Our project aims to provide older entrepreneurs with the knowledge and skills to meet the challenges of the starting up in the XX1st century. The end product will be interactive, customised to the needs of the user and delivered via the internet.

This questionnaire is a new tool which has been developed by Cranfield School of Management in the UK with its European partners (name of your organisation) , to help you analyse your strengths and weaknesses. Its purpose is to review systematically your current training and capacity needs in order to help you clarify the role of management training in your planned new business or recent start-up business. We will use your survey response to develop new internet based training tools and materials which we hope will be of use to you in your business venture.

In doing so we kindly ask you to collaborate with us by completing the attached questionnaire.

Please return to (Diane Cain) by May 16th

Thank you very much for your co-operation. We will keep you informed of the progress of the project.

Yours faithfully

TTE@40

The questionnaire is divided into 4 sections. **You should fill in all 4 sections**. The first looks at your previous skills and educational background. The second asks about your new/proposed business. The third section asks about your current and future training needs. The final section asks some general questions about how you would like such training delivered.

Section 1- About yourself

Please answer the following questions.

1. Are you:

1 Male

2 Female

2. Age:

1 Under 34

2 35-44

3 45-54

4 55-64

5 65+

3. Your education

At what point did your formal education finish? (adapt)

A. Before Secondary school certificate 1

B. After Secondary school certificate (Age 16) 2

C. After post secondary education (vocational, technical, or academic) 3

D. After a university degree 4

E. After a postgraduate degree 5

- I feel I have spotted a market opportunity
- I saw starting a small business as a desirable career choice
- I believe my previous work experience will help me in my new business
- I started this business as I couldn't find another job
- I was aware of local training courses to help me start my business
- If this new business is not successful it will be easy for me to find a good job or start another business

9 How much work experience did you have before this business?

- 1 Less than 5 years 2 5-10 years 3 10-15 years
4 15-20 years 5 Over 20 years

10 Was this predominantly spent in

- 1 Large companies
2 Small companies
3 Public sector
4 Voluntary sector

11 Before you started this business were you

- A Employed
B Self Employed
C Student
D Retired
E Not working

Please go to Section 2

12 Are you planning to start a business in the next 12 months Yes No

13. Which of the following statements do you agree with? (tick all that apply)

- I believe I have the training, education and skills needed to be successful in a start up
 I feel I have spotted a market opportunity
 I see starting a small business as a desirable career choice
 I believe my previous work experience will help me start my new business
 I am starting this business as I can't find another job
 I am aware of local training courses to help me start my business

If this start up is not successful it will be easy for me to find a good job or start another business

14 How much work experience do you have?

- 1 Less than 5 years 2 5-10 years 3 10-15 years
4 15-20 years 5 Over 20 years

15 Was this predominantly spent in

- 1 Large companies 2 Small companies
3 Public sector 4 Voluntary sector

16 Are you currently

- A Employed
B Self Employed
C Student
D Retired
E Not working

Section 2 - Your business

1. Please indicate the main sector of industry or services in which your start-up or new business operates:

2. Does your start up or new business rely on the use of new technology?

- 1 Yes 2 No

3. Approximately how many people are employed by your organisation?

In total _____

Section 3 – Areas where you would like training

We would like you to rate the relevance of training to your planned new business or start up (adapt by country) in the following areas

		Most	Quite	Average	Not Very	Least
A. Exporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Global business environment (trade trends, WTO, European integration and EMU, Government policies, inflation and unemployment, exchange rates)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Information technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Business plan writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Advertising and promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Strategic management (achieving competitive advantage, organisational competence and culture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Market analysis /segmentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Human resource management - flexible working, selection, training, recruitment, appraisals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Employment law - European legislation, health and safety, contracts, redundancy, disputes settlement and resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Creativity/Innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Supply chain management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- L. Business law (company law, corporate finance, contract law, liability) 1 2 3 4 5
- M. Language skills 1 2 3 4 5
- N. Financial management 1 2 3 4 5
- O. How to exploit scientific research and development 1 2 3 4 5
- P. Pay and Benefits (Employee Share Ownership Schemes, Performance related pay, bonus schemes) 1 2 3 4 5
- Q. Finding premises for my business 1 2 3 4 5
- R. Leadership skills 1 2 3 4 5
- S. Time management 1 2 3 4 5
- T. Sources of business finance 1 2 3 4 5
- U. Pricing my product/service correctly 1 2 3 4 5
- V. Operations management (managing capacity, materials, labour, quality process design, performance improvement) 1 2 3 4 5
- W. Finding customers 1 2 3 4 5
- X. Selling skills 1 2 3 4 5
- Y. Are there any other areas where you feel you need training? Yes No

Z. Please list your top 3 areas of priority and explain below why you think they are so vital to you

1 _____

2 _____

3 _____

How many formal days management training have you personally received in the last 3 years

1 None

2 1-3

3 3-5

4 5-8

5 Over 8 days

Section 4 – Training delivery

Please tell us about the sort of management development training you would like

1. Who do you trust to deliver high quality business training?

(Country adaptation required)

- A. External consultant/s 3
- B. Local Business Link 4
- C. Local Training and Enterprise Council 5
- D. Chamber of Commerce 6
- E. Professional body (ie Inst. of marketing/accountancy) 7
- F. University/Further Education college 8
- G Other (please give details)_____

2. How long should it take?

- 1 Half day Full day
- 3 2 days Weekend
- 5 I want to do training when and where I like in my own time

Other (please specify)_____

3. Would you use any of the following methods for developing your skills?

- A. CD roms 1
- B. Internet based training 1

4. Can you use a computer for basic word processing and spreadsheets?

1 Yes

2 No

5. Do you use email?

1 Yes

2 No

6. Do you use the Internet?

1 Yes

2 No

7. Can you access web addresses?

1 Yes

2 No

8. Can you use a search engine?

1 Yes

2 No

9. Have you ever used any educational software product?

1 Yes

2 No

10. Would you prefer to use evenings for training?

1 Yes

2 No

11. Do you prefer to use part of the weekend for training?

1 Yes

2 No

12. Which factors do you rate most highly when choosing management development courses for yourself (please tick all which apply)?

A. Location 1

B. Quality 1

C. Cost 1

D. Word of mouth recommendation 1

E. Timing 1

F. Marketing materials 1

G. Type of delivery 1

H. Personalised counselling 1

I. Reputation of training organisation 1

J. Other (please specify) _____

13. If you would not consider training please tell us why not?

A. I believe I have the skills needed to start/run a business 1

B. The subjects are not relevant to my business/market 2

C. It costs too much money 3

D. It takes up too much time 4

E. Other (please specify) _____

14. Would you be interested in talking to other entrepreneurs on line about their experiences of starting/running a new business?

1 Yes

2 No

15. May we contact you after this questionnaire and send you details of how you can join this network (at no cost to you or your business) ?

1 Yes

2 No

If so please put your contact details (email address) here. We will not pass them on to any other person outside our research project

16 We would welcome any comments, suggestions or criticisms to this questionnaire or indeed the training and development programme we are proposing.

17. Are you available/interested in joining a local group to validate the intermediate and final products of this project? Yes No

18. If you would you like to receive a summary of the results of this survey please tick the box indicating how you would like to receive it:

Via post.
Address: _____

Via e-mail.
Address: _____

Via fax.
Fax number: _____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

PLEASE RETURN IT TO xxx AT xxx by May 16th 2003