



ECONOMIC GARDENING
Illawarra
The High Growth
Business Program

THE HIGH GROWTH BUSINESS PROGRAM

Building Entrepreneurship in Kiama and Shellharbour Businesses

Application Form

Business Name:

Contact Name:

Phone No:

Mobile No:

Fax No:

Email Address:

Postal Address:

Post Code:

Street Address:

Post Code:

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

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

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

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

Company

Sole Trader

Trust

Partnership

Other (Please specify):

3. How long has the business been operating?

Years

Months

4. (a) What did the business turnover in the 2008/2009 financial year?

\$

(b) What did the business turnover in the 2007/2008 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? (please record the numbers for the prior year in brackets)

(a) Full-time =

 ()

Part-time =

 ()

Casual =

 ()

(b) How many staff did you employ 12 months ago (total of full-time, part-time and casual)

Please list your business goals for the year ahead and rank in priority of order from 1 (most important) to 10 (least important). The intention is to end up with a range from 1 to 10 and NOT to allocate all as high priorities.

<input type="text"/>	Consolidate current level of business
<input type="text"/>	Expand and/or diversify product(s) / service (s)
<input type="text"/>	Increase the number of staff employed
<input type="text"/>	Export product(s) / service(s)
<input type="text"/>	Commence or expand manufacturing

<input type="text"/>	Expand business territory
<input type="text"/>	Increase employee productivity
<input type="text"/>	Improve Return on Investment
<input type="text"/>	Commence or expand e-business
<input type="text"/>	Other (Please specify)

QUICK BUSINESS QUESTIONNAIRE

How would you rate the performance of your business in the following areas? (Please tick)	Not our strong point	Could use some improvement	Adequate	Strong	The Best!
• Managing prices, sales targets, profit margins and operating budgets.					
• Our share of the available market (in the area my business operates)					
• Competitive advantage of our product(s) / service(s)					
• Our management of profitable customer relationships					
• Team culture and cohesiveness and my leadership of the organization					
• Medium term strategy development and business planning					
• Marketing Strategies that drive growth in sales and lifetime customer value					
How important to you are the following business issues (Please tick)	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"> ➤ Opening new branches/offices ➤ Opening another business with completely new products/services ➤ Moving into export ➤ Franchising my business 					