

Name of Business Partners	Race	Ownership %

Section B: Entrepreneurial Status (To be completed by all Applicants)

1. Do you have an existing business that is currently in operation? Yes No

[If the answer in Question 1 is No, and you want to start a business, but do not have a business idea complete Section B]

[If the answer in Question 1 is No, and you have a business idea complete Section C]

[If the answer in Question 1 is yes, please complete Section D of the Application Form]

Section C: Prestart-Up (To be completed by Applicants who have not started their business and/or have a business idea)

1. Why do you want to start a business? (You can give more than one answer)

- | | | | |
|-------------------------------------|--------------------------|--|--------------------------|
| I was retrenched | <input type="checkbox"/> | I can make a success of my business | <input type="checkbox"/> |
| I can't find another job | <input type="checkbox"/> | I do not make enough money where I'm working | <input type="checkbox"/> |
| I want to have my own business | <input type="checkbox"/> | I'm not happy in my current job | <input type="checkbox"/> |
| I have the skills to run a business | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |
| | | _____ | |
| | | _____ | |

2. Please describe the goals you want to achieve in business

a)	_____

b)	_____

c)	_____

Please submit the following documentation on submission of the Application Form:

Certified copy of identity document?

Cop of company registration if you are a registered business?

Declaration

1. I hereby declare that the information provided in this application is, to the best of my knowledge, true and accurate;
2. I hereby declare that I understand the Business Consultancy Services Voucher terms and conditions and undertake to abide by such terms and conditions;
3. I hereby indemnify National Youth Development Agency (NYDA) and its Service Providers for any loss or damages whatsoever incurred as a result of an intervention rendered by the Service Provider in good faith.

Client's Signature _____ **Date** D / D / M / M / Y / Y / Y /
 Y /

[Thank you for completing the Application Form. Please complete the Entrepreneurial Preparedness Assessment Index on completion of the Application Form]

Section D: Start-up
(Applicants who have a viable business idea to start a business)

(Applicants who have a viable business idea to start a business)

1. Why do you want to start a business? (You can give more than one answer)

- | | | | |
|-------------------------------------|--------------------------|--------------------------|--|
| I was retrenched | <input type="checkbox"/> | <input type="checkbox"/> | I can make a success of my business |
| I can't not find another job | <input type="checkbox"/> | <input type="checkbox"/> | I do not make enough money where I'm working |
| I want to have my own business | <input type="checkbox"/> | <input type="checkbox"/> | I'm not happy in my current job |
| I have the skills to run a business | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

2. Please give a brief description of the idea in terms of: (a) the type of business; (b) the need the business seeks to satisfy (c) who your potential customers are; (d) where you will operate the business from; and (e) how you will deliver your product or service.

3. Please assess yourself against the following business feasibility requirements:

- | | | | | | | |
|---|--------------------------|-----|--------------------------|----|--------------------------|----------|
| Do you have the management skills/ experience to start the business? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure |
| Do you have the technical skills to start the business? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure |
| Have you identified your potential customers? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure |
| Do know who your competitors are? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure |
| Do you have the money to cover your start-up costs? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure |
| Do you have enough money to cover the operating costs? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure |
| Do you have the equipment and machinery required to run the business? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure |

Please submit the following documentation on submission of the Application Form:

- Certified copy of identity document?
- Copy of company registration if you are a registered business?

Declaration

- I hereby declare that the information provided in this application is, to the best of my knowledge, true and accurate;
- I hereby declare that I understand the Business Consultancy Services Voucher terms and conditions and undertake to abide by such terms and conditions;
- I hereby indemnify National Youth Development Agency (NYDA) and its Service Providers for any loss or damages whatsoever incurred as a result of an intervention rendered by the Service Provider in good faith.

Client's Signature _____ **Date** D / D / M / M / Y / Y / Y / Y /

[Thank you for completing the Application Form. Please schedule an appointment with the Business Development Officer to complete the Business Feasibility Assessment Index]

Section D: Existing Business
(Applicant who have an existing business)

(Applicant who have an existing business)

Company Registration No: _____ Vat Registration No: _____

Number of Employees in the Business:

Male:

Female:

Disabled:

1. Why did you start the business?

- | | | | |
|-------------------------------------|--------------------------|---|--------------------------|
| I was retrenched | <input type="checkbox"/> | I inherited the business | <input type="checkbox"/> |
| I can't not find another job | <input type="checkbox"/> | I did not make enough money where I was working | <input type="checkbox"/> |
| I wanted to have my own business | <input type="checkbox"/> | Unhappiness with previous work | <input type="checkbox"/> |
| I have the skills to run a business | <input type="checkbox"/> | I enjoy being in business | <input type="checkbox"/> |

2. Please provide a brief description your business in terms of: (a) the type of business; (b) the need the business addresses (c) who your customers are; (d) where you operate the business from; and (e) how you deliver your product or service.

3. How long has the business been in operation and trading?

- | | | | |
|--------------------------|---------------------|--------------------------|--------------|
| <input type="checkbox"/> | Less than 12 months | <input type="checkbox"/> | 5 – 6 years |
| <input type="checkbox"/> | 1 – 2 years | <input type="checkbox"/> | 6 – 7 years |
| <input type="checkbox"/> | 3 – 4 years | <input type="checkbox"/> | 8 – 10 years |
| <input type="checkbox"/> | 4 – 5 years | <input type="checkbox"/> | More than 10 |

4. Are you the sole owner of the business?

Yes No

5. If Yes, continue with question 6?

If No, how many partners and shareholders in the business do you have?

<input type="checkbox"/>	1	<input type="checkbox"/>	3
<input type="checkbox"/>	2	<input type="checkbox"/>	More than 4

6. Please indicate the percentage (%) owned by young people:

7. Please indicate percentage (%) owned by Previously Disadvantaged Individuals:

8. Please indicate percentage (%) owned by women:

9. How many people (including yourself) are employed in the business?

Please indicate how many are:

African Coloured Male Female
 Indian White

10. Has there been a change in the number of people employed in the business over the last 12 months?

Increased Decreased No change

Reason:

11. Please provide an estimate of your annual turnover (total amount of income):

<input type="checkbox"/>	Less than R20 000
<input type="checkbox"/>	R20 000 – R59 999
<input type="checkbox"/>	R60 000 – R99 999
<input type="checkbox"/>	R100 000 – R149 999
<input type="checkbox"/>	R150 000 – R199 999
<input type="checkbox"/>	R200 000 – R299 999

<input type="checkbox"/>	R300 000 – R499 000
<input type="checkbox"/>	R500 000 – R999 999
<input type="checkbox"/>	R1 – R2 million
<input type="checkbox"/>	R2 – R3 million
<input type="checkbox"/>	R3 – R4 million
<input type="checkbox"/>	More than R5 million

12. Has there been a change in the turnover of the business over the last 12 months?

Increased Decreased No change

Reason:

13. Do you have a separate bank account for the business?

Yes No

14. Please indicate how you started the business:

I started it myself I bought the business
 I started the business with a partner(s)/ friend(s) I took it over from someone in the family

15. Where did you get the money to start your business?

I used my personal savings I borrowed money from a bank
 I received a government grant I borrowed money from an employer
 I used money I received from friends and family I borrowed money from a money lender (mashonisa)
 I received a donor grant I borrowed money from a government agency
 I received the money from an investor

16. Describe the premises your business operates from:

Street or street corner Incubator or business hive
 Stall in a market place Back yard
 From a container Standalone shop
 I sell door to door Shop in a complex
 House Part of an office block
 Part of a house Other _____

17. Do you own or rent the premises?

Own Rent

18. Please describe the area in which the business operates:

	Urban	Rural	
City centre/ Town Centre	<input type="checkbox"/>	<input type="checkbox"/>	Rural area
Suburb	<input type="checkbox"/>	<input type="checkbox"/>	Village
Township	<input type="checkbox"/>	<input type="checkbox"/>	Rural farm area
Hostel	<input type="checkbox"/>	<input type="checkbox"/>	Small holding
Informal area/ Shack settlement	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

19. Indicate in which of the industrial sectors you business operates:

Tourism	<input type="checkbox"/>	<input type="checkbox"/>	Manufacturing
Information, Communication and Technology	<input type="checkbox"/>	<input type="checkbox"/>	Construction
Construction	<input type="checkbox"/>	<input type="checkbox"/>	Agro-processing
	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

20. What type of business do you operate (e.g. panel beater; clothing manufacturer; dentists; general dealer)?

21. How would you describe the growth of the industry sector in which you operate?

Growing
 Growing moderately
 Growing strongly
 In decline

22. Does your business comply with industry registration requirements?

Yes
 No
 Not sure
 None Applicable

23. How many business start-ups have you been involved in?

<input type="checkbox"/>	Only this one	<input type="checkbox"/>	3
<input type="checkbox"/>	2	<input type="checkbox"/>	More than 3

24. Did you previously work in the industry sector or type of business you currently run?

Yes No

25. If yes, for how long?

<input type="checkbox"/>	Less than 1 year	<input type="checkbox"/>	3 - 5 years
<input type="checkbox"/>	2 - 3 years	<input type="checkbox"/>	More than 5

26. How many years of business management experience do you have?

<input type="checkbox"/>	Less than 1 year	<input type="checkbox"/>	3 - 5 years
<input type="checkbox"/>	2 - 3 years	<input type="checkbox"/>	more than 5

27. Rate the business out of 5 in terms of the knowledge and skills of the business owner and staff, in the following business skills: *Note that: 1 = very poor; 2 = poor; 3 = average; 4 = good; 5 = very good*

Business planning	<input type="checkbox"/>	<input type="checkbox"/>	Operations
Business management and administration	<input type="checkbox"/>	<input type="checkbox"/>	Computer skills
Financial management	<input type="checkbox"/>	<input type="checkbox"/>	Customers service
Marketing and sales	<input type="checkbox"/>	<input type="checkbox"/>	Procurement and tendering
Research	<input type="checkbox"/>	<input type="checkbox"/>	Managing suppliers
Legal expertise	<input type="checkbox"/>	<input type="checkbox"/>	People management

28. Please describe your business goals for the future:

29. Please indicate what type of business development assistance you need (you can indicate more than one answer):

Business Feasibility	<input type="checkbox"/>	<input type="checkbox"/>	Web-based Marketing
Business Registration – cc	<input type="checkbox"/>	<input type="checkbox"/>	Bookkeeping and Financial Administration
Business Registration – PTY	<input type="checkbox"/>	<input type="checkbox"/>	Payroll System
Business Plan	<input type="checkbox"/>	<input type="checkbox"/>	HR Policies and System
Tendering	<input type="checkbox"/>	<input type="checkbox"/>	Operations and Procedures Manual
Financial and Accounting System	<input type="checkbox"/>	<input type="checkbox"/>	Legal Advisory Service
Marketing and Promotional Material	<input type="checkbox"/>	<input type="checkbox"/>	Due Diligence
Branding and Design	<input type="checkbox"/>	<input type="checkbox"/>	IT Advisory Service
Marketing Strategy and Plan	<input type="checkbox"/>	<input type="checkbox"/>	Business Improvement

30. Describe how this assistance is likely to improve your business:

31. Are you able to investment time, financial and other resources in improving your business?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Please submit the following documentation on submission of the Application Form:

Certified copy of identity document?	<input type="checkbox"/>
Copy of company registration if you are a registered business?	<input type="checkbox"/>

Declaration

1. I hereby declare that the information provided in this application is, to the best of my knowledge, true and accurate;
2. I hereby declare that I understand the Business Consultancy Services Voucher terms and conditions and undertake to abide by such terms and conditions;
3. I hereby indemnify National Youth Development Agency (NYDA) and its Service Providers for any loss or damages whatsoever incurred as a result of an intervention rendered by the Service Provider in good faith.

Client's Signature _____ **Date** / / / / / / /

[Thank you for completing the Application Form. Please schedule an appointment with the Business Development Officer to complete the Business Viability Assessment Index or the Business Growth and Sustainability Index]



Business Consultancy Services Voucher Client Information Brochure

established by the South African government and has been operational since January 2001. It is the single largest investment that the government has made to address the youth unemployment challenge in South Africa.

Mandate

To facilitate and promote the creation of jobs and skills consultancy for South African young people (age 18-35) and women

The role of National Youth Development Agency (NYDA) (NYDA) is to make strategic investments that can facilitate opportunities for young people to acquire skills, access job opportunities and/or create meaningful employment for themselves by creating viable small businesses.

Entrepreneurship

The Youth Entrepreneurship Programme is a key strategy of National Youth Development Agency (NYDA). The aim of the programme is to enhance the participation of young people in the mainstream of the economy by helping them access sustainable business opportunities through finance and business consultancy services.

enables them to buy business support services from NYDA approved Service Providers.

Objectives of the Business Consultancy Services

- To create a conducive environment for youth entrepreneurs (age 18 – 35) and women to access relevant technical assistance and managerial support for their businesses
- To empower youth entrepreneurs by providing them with the means to purchase the technical assistance and managerial support that they need
- To support the creation of sustainable and competitive youth owned enterprises that are active in growth oriented sectors of the South African economy
- To support Service Providers to continuously develop innovative and demand driven products through capacity building

Business Consultancy Services

The Voucher Product is designed to assist young entrepreneurs to access the following business consultancy services:

1. Business Feasibility
2. Business Registration – cc
3. Business Registration – Pty
4. Business Plan
5. Tendering

6. Financial and Accounting System
7. Marketing and Promotional Material
8. Branding and Design
9. Marketing Strategy and Plan
10. Web-based Marketing
11. Bookkeeping and Financial Administration
12. Payroll System
13. HR Policies and Systems
14. Operations and Procedures Manual
15. Legal Advisory Services
16. Due Diligence
17. IT Advisory Services
18. Business Improvement

7. Meet with Service Provider at agreed times for the rendering of service
8. Prepare a personal action plan with the assistance of the Service Provider
9. Sign the voucher to indicate satisfaction with service and complete the evaluation form to assess the SP intervention
10. Surrender voucher to the Service Provider to enable Service Provider to obtain payment from NYDA
11. Be available for on-going support and after care by the BDO to ensure that action plan is implemented.
12. Provide information as requested by NYDA after receiving the service

Implementation of the consultancy services

The voucher programme is implemented through the following key players:

National Youth Development Agency (NYDA) Branch

The role of the Branch is to market the BCS (voucher) products to young people, recruit prospective clients, assess the client's business support needs and monitor service provision by the Service Providers.

Service Provider

A Service Provider (SP) is a private/ public sector organisation with specialist business consultancy skills that has been contracted by National Youth Development Agency (NYDA) to offer approved business consultancy services to selected clients.

Clients (Young Entrepreneurs)

1. Obtain and complete an application form from the Branch
2. Secure an appointment with the Business Development Officer (BDO) for application assessment
3. Upon approval of application, select a preferred Service Provider from the Directory of approved Service Providers
4. Pay required R200.00 contribution per voucher required to the Service Provider
5. Receive Invoice/receipt or deposit slip from Service Provider upon payment
6. Present the Bank deposit slip/ receipt and receive voucher from Branch

Programme Rules

- Certified copy of South African Identity Document must be submitted with the application form
- R200.00 contribution is not refundable if the voucher has expired whilst with the client or if the client has absconded during the course of the intervention with the Service Provider
- Voucher is not transferable
- Voucher has no value outside of the programme and will not be exchanged for cash
- Voucher is valid for three months from date of issue to activation
- Voucher entitles clients to access services at the prescribed voucher value
- Voucher can only be serviced by approved Service Providers.
- Young entrepreneurs are entitled to 4 vouchers in the cycle of the voucher programme. Additional vouchers can only be accessed once the previous voucher has been completed and submitted to the branch for payment (one voucher=one service).
- Voucher in the hand of the Service provider is only valid for 3 months up to submission to the NYDA Branch
- Only applicable to South African citizens.

Terms and Conditions

1. The voucher may be used in accordance with the programme rules of the National Youth Development Agency (NYDA), Business Consulting Services –Voucher.
2. The Voucher is valid for a period of 3 months from the date of issue to the client.
3. The Voucher entitles the client to services of a value up to the face value of the voucher issued.
4. The Voucher is not transferable and may not be exchanged for cash. Use of this Voucher is restricted to the client to whom the Voucher is issued. The Voucher may only be exchanged by the client for the service provided by an accredited Service Provider of the Business Consulting Services Voucher Programme
5. If the voucher is lost in the hands of the client or the Service Provider, it must be reported to the branch that has issued the voucher. The following must be obtained:
 - An affidavit from the South African Police Service must be obtained by the Service Provider or the client
 - Note that the voucher at the time of loss was not expired. If the voucher was expired, NYDA will not re-issue the voucher to the Service Provider or the client.
6. Any tampering, with the voucher including but not restricted to counterfeiting, photocopying, duplicating, defacing and forgery is prohibited and shall constitute a criminal offence.
7. The Voucher is not re-fundable. The client will forfeit his/her R200 client contribution in the following circumstances:
 - Expiry of the Voucher 3 months after the voucher has been issued to the client
 - The client has absconded from the Voucher intervention/ or has failed to attend the minimum of three sessions with the Service Provider
8. The client should only sign the voucher on completion of the service and not on the presentation of the voucher to the Service Provider.
9. The client should sign the voucher only if the client is satisfied with the service. If the client is not satisfied with the service/product received, the client should communicate their dissatisfaction with the Branch.
10. The client is required to provide any information that will be requested by NYDA after receiving the intervention

I hereby confirm that I have read and understood the content of the Terms and Conditions of the Business Consulting Services - Voucher :-

Client Name and Surname : _____
Client Signature: _____ Date: _____

Copy of the Terms & Conditions to be given to the client

Glossary of Terms

Existing business	Business that is in operation. Registration by itself is not an indication that the business is in existence. <i>Must</i> already be in operation.
Skills	The ability to perform a task or a set of tasks well/ adequately.
Technical	Refers to the systematic procedure by which a complex task is accomplished in a particular art, science, profession or trade.
Customer	A person who purchases goods or services from another.
Competitor	A person, team or company that you strive to outdo.
Start-up costs	The expenses you incur before you begin operating your business.
Operating costs	The day-to-day expenses incurred in running a business.
Urban area	A formal urban settlement is structured and organised. Land parcels (plots or erven) make up a formal and permanent structure. Services such as water, electricity and refuse removal are provided, roads are formally planned and maintained by the council. This category includes suburbs and townships.
Rural area	Non-urban or rural areas include commercial farms, small settlements, rural villages and other areas which are further away from towns and cities. The definition includes semi-urban areas which are not part of a legally proclaimed urban area, but adjoin it.
Pre-Start Up	Applicants who have not started their business and/or do not have a business idea
Start Up Business	When the client has established the feasibility of the business idea and thereafter proceeds to assess the viability of the business idea.
Existing Business	Businesses that are in existence at the time of the voucher intervention