

Name of trainer: \_\_\_\_\_

Date: \_\_\_\_\_

Name of organization or company your working with \_\_\_\_\_  User  Private Country: \_\_\_\_\_

# SIYB TRAINER

## APPLICATION FORM FOR SIYB TRAINING OF TRAINERS SEMINAR

Your position in the organization / company: _____		Employed since: _____
Postal address: _____		
Telephone / fax: _____		Year of birth: _____
E-mail: _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home address: _____		
What is the highest educational level you have completed? <input type="checkbox"/> Primary <input type="checkbox"/> Secondary, O-level <input type="checkbox"/> Secondary, A-level <input type="checkbox"/> Higher, specify _____	What language do you use for training your target group?  How is your understanding of the English language? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	
What other relevant training qualifications have you obtained?  1. _____  2. _____  3. _____	Who do you normally train/support? <input type="checkbox"/> Potential Entrepreneurs <input type="checkbox"/> Owners/managers of small  <input type="checkbox"/> Income generating activities <input type="checkbox"/> Medium or larger scale businesses <input type="checkbox"/> Other, specify: _____	
What experience do you have in adult education?  <input type="checkbox"/> Planning courses (logistics, choice of venue, equipment, etc.) <input type="checkbox"/> Organizing courses (selection, training needs analysis and programme design) <input type="checkbox"/> Conducting courses (teaching, training and/or facilitation) <input type="checkbox"/> Evaluation of courses (appreciation, performance, impact)	How many years of Experience do you have in adult education? _____	
In which of the following Small Enterprise Development (SED) areas do you have experience?  <input type="checkbox"/> Business start-up training <input type="checkbox"/> Business management training <input type="checkbox"/> Vocational/Technical training <input type="checkbox"/> Financial assistance/Credit supply <input type="checkbox"/> Licensing/Legal assistance/Creation of associations <input type="checkbox"/> Other, specify: _____	How many years of experience do you have in SED ? _____  How many SED courses do you Conduct on average per year? _____	
Describe your own business experience: _____	How many years did you Manage your own business? _____	

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Date: \_\_\_\_\_

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**How do you rate your knowledge of business start-up topics?**

SYB topic:	How do you rate your knowledge of these topics?			Have you ever trained potential entrepreneurs in these topics?	
	Good	Fair	Poor	Yes	No
<i>Entrepreneurial characteristics</i>					
<i>Making a Business Plan</i>					
<i>The business idea</i>					
<i>Marketing research and strategies</i>					
<i>Legal forms of business</i>					
<i>Staffing</i>					
<i>Legal responsibilities and insurance</i>					
<i>Start-up capital, lending institutions, etc.</i>					
<i>Costing and Financial planning</i>					

**How do you rate your knowledge of business management topics?**

IYB topic:	What is your knowledge of these topics?			Have you trained entrepreneurs in these topics?	
	Good	Fair	Poor	Yes	No
<i>Business and family</i>					
<i>Marketing</i>					
<i>Buying</i>					
<i>Stock control</i>					
<i>Costing</i>					
<i>Record-keeping</i>					
<i>Business Planning</i>					

**Please give your opinion about the following:**

What are the training needs of small-scale entrepreneurs?

  
  
  
  

How do you think these training needs can be addressed best?

Recommendation by the Training Coordinator (if applicable):	Is the trainer expected to conduct IYB courses for entrepreneurs?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Recommendation by the Master Trainer:

Send this application form to [lambokile1@gmail.com](mailto:lambokile1@gmail.com) and [bmwambela@gmail.com](mailto:bmwambela@gmail.com) cc [ceo@siybeastafrica.org](mailto:ceo@siybeastafrica.org)  
NB:payment will be made after your you conduct interview with ILO SIYB Master trainers for selected candidate