

Application date	Entrepreneurial score
Student number	Programme date

**THE MICRO BUSINESS START-UP PROGRAMME (MBS PROGRAMME)  
 & GIG INSTITUTE OF ENTREPRENEURSHIP MBS PROGRAMME**

**STUDENT PROFILE AND APPLICATION FORM**

SURNAME

FIRST NAMES.

IDENTITY NUMBER

ADDRESSES

RESIDENTIAL	POSTAL

TELEPHONE NUMBER

(CELL)	(OTHER)

E-MAIL ADDRESS

**PLEASE TICK / CROSS THE BLOCK THAT APPLIES TO YOU**

GENDER AND AGE

MALE	FEMALE	AGE <input type="text"/>
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PROVIDE DETAILS OF YOUR STUDIES - SCHOOL AND POST SCHOOL (How far did you get in school?)

HAVE YOU BEEN EMPLOYED BEFORE OR RUN YOUR OWN BUSINESS BEFORE ?

JOB YES	JOB NO	BUSINESS YES	BUSINESS NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR HOW LONG HAVE YOU BEEN UNEMPLOYED / EMPLOYED / IN BUSINESS

1 MONTH	6 MONTHS	1 YEAR	2 YEARS	HOW LONG ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

WHAT ARE YOU DOING AT PRESENT ?

UNEMPLOYED	HAVE A JOB	PART TIME JOB	RUNNING MY OWN BUSINESS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHAT WERE YOUR LAST 2 JOBS / BUSINESSES?

JOB / BUSINESS NUMBER 1	JOB / BUSINESS NUMBER 2

HOW INTERESTED ARE YOU IN STARTING YOUR OWN BUSINESS ?

DEFINITELY	HIGHLY	FAIRLY	NOT REALLY	NOT AT ALL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU COULD CHOOSE THE CAREER YOU LIKED BEST , WHAT WOULD IT BE ?

WHAT LANGUAGES DO YOU SPEAK?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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HOW WOULD YOU DESCRIBE YOURSELF ?

ENTHUSIASTIC	SELF -MOTIVATED	ENERGETIC	LITTLE ENERGY	NO ENERGY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHICH COURSE OPTION DO YOU CHOSE?

4 WEEKS	6 WEEKS	12 WEEKS	24 WEEKS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOW WILL YOU BE PAYING YOUR FEES?

CASH	CREDIT CARD	DEPOSIT OF	& AMOUNT EVERY TIME I COME TO CLASS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHICH COURSE ARE YOU REGISTERING FOR?

NORMAL MBS	GIG INSTITUTE MBS
<input type="checkbox"/>	<input type="checkbox"/>

CAN YOU ATTEND THE COURSE EVERY WEEK IN A ROW?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE