

PROFILE OF ENTREPRENEURS

Name and Surname _____ Age _____

Contacts _____ email _____

Highest level of education _____

Name of business _____

Year of establishment _____

Business location _____

Number of employees _____

Name of program attended _____

Type of business:

Who are you current customers?

Are you operating your business full-time or part-time?

How many dependants do you have?

Tell us about your family background before starting the business?

How has the business improve your household?

How has your business improved since being part of the JA program?

What challenges have your encountered since you started the business? How can JA assist you?

Which other businesses do you see yourself venturing into?

How has your business progressed since it was established? Are you satisfied with the progress?

Any other comments.
