



Pre-workshop Questionnaire and Registration Form

| | | | |
|---|--|------------------|-------------------------|
| Course | <input type="checkbox"/> Part 1 - Succession Ready <input type="checkbox"/> Part 2 - Exit Ready (Part 1 is essential) | | |
| |   | | |
| Full Name | | | |
| Job Title | | | |
| Business Name | | | |
| Address | | | |
| Email | | | |
| Contact Number | | | |
| Entity Type | <input type="checkbox"/> Private Company <input type="checkbox"/> Unlisted Public Company <input type="checkbox"/> Organisation or Association/Not for Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ | | |
| Years in the business | | | |
| What stage is your business? | <input type="checkbox"/> Seed (concept, no funded) <input type="checkbox"/> Start-up (funded, -ve cashflow) <input type="checkbox"/> Early stage (cashflow +ve, not profitable) <input type="checkbox"/> Established (profitable and growing) <input type="checkbox"/> Mature (profitable and flat or declining) | | |
| How are your sales trending? Up, down or flat? | <input type="checkbox"/> Up <input type="checkbox"/> Down <input type="checkbox"/> Flat | | |
| Who are the shareholders of the business? (Assign % to reflect specific composition of ownership) | | | |
| Why are you interested in this workshop? What do you need help with? | | | |
| How many employees do you have? | | | |
| Basic Financials | Last year | This year | Budget this year |
| Revenue | \$ | \$ | \$ |
| Profit | \$ | \$ | \$ |

Please save completed Questionnaire then email it to info@successionplan.co.nz

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