



# Boost Your Business Feedback Form

Training Date \_\_\_\_\_ Trainer's Name \_\_\_\_\_ State \_\_\_\_\_  
Your Name \_\_\_\_\_ Your Business Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

## 1. SECTOR

☐ Retail ☐ ICT ☐ Education ☐ Manufacturing ☐ Agriculture ☐ Transportation ☐ Fashion ☐ Advertising/Marketing/PR ☐ Architecture/Design  
☐ Finance/Accounting ☐ Arts/Culture ☐ Tourism ☐ Food/Catering ☐ Business Services ☐ Lifestyle ☐ Construction ☐ Health/Wellness  
☐ Engineering

☐ Other \_\_\_\_\_

## 2. ENTREPRENEUR TYPE

☐ Full Time ☐ Part Time

## 3. BUSINESS SIZE

☐ 1 person ☐ 2-5 employees ☐ 5-10 employees ☐ 10-20 employees ☐ 20+

## 4. YEARS IN BUSINESS

☐ Idea phase ☐ 1-6 months ☐ 6 months – 1 year ☐ 1-5 years ☐ 5 years- 10 years ☐ 10 years +

## 5. DIGITAL PRESENCE PRE-TRAINING

☐ Facebook ☐ Instagram ☐ WhatsApp Business ☐ Twitter ☐ YouTube ☐ Blog/Website

## 6. EDUCATION BACKGROUND

☐ Secondary school only ☐ College or professional training ☐ University graduate ☐ Post-graduate

## 7. MOTIVATION FOR WANTING TO SET UP OWN BUSINESS

☐ Desire to make money ☐ Passion for my business idea ☐ Desire to create job opportunities for other people (including family) ☐ Desire for more flexibility in working around family commitments ☐ Identified a need or void in the market

☐ Other \_\_\_\_\_

## 8. WHAT ARE THE BIGGEST CHALLENGES THAT YOU'VE FACED IN RUNNING A BUSINESS?

☐ Access to finance ☐ Access to premises or equipment ☐ Hiring skilled talent ☐ Life/work balance

☐ Other \_\_\_\_\_

## 9. TOPICS FOUND MOST USEFUL FROM TRAINING

\_\_\_\_\_

## 10. HOW WELL DID THE TRAINER DELIVER THE CONTENT? WHERE 1 IS LOWEST AND 10 IS HIGHEST.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

## 11. INTERESTED IN RECEIVING MORE INFORMATION FROM FACEBOOK/DIGIVATE360?

☐ Yes ☐ No