

F-SIYB ACTIVITY REPORT

General information

(Date of reporting ____ / ____ / ____)

Country:	Name of reporting organization:	This report is compiled by:	
Telephone:	Postal address:		
Fax:			
This report is about the following F-SIYB training activity: <input type="checkbox"/> WTB <input type="checkbox"/> FGB <input type="checkbox"/> FSB <input type="checkbox"/> FIB			
Has FSB follow-up taken place after training? <input type="checkbox"/> Yes <input type="checkbox"/> No Has FIB follow up taken place after training? <input type="checkbox"/> FIB refresher training <input type="checkbox"/> FIB Business Improvement Group <input type="checkbox"/> Individual Counselling	The F-SIYB Materials were <input type="checkbox"/> Distributed free to participants <input type="checkbox"/> Sold to the participants <input type="checkbox"/> Not distributed, please explain reason:		
Did you use any other Materials than the WTB/FGB/FSB/FIB manuals? If yes, please describe			
Trainer's name:	Organization:	SIYB trained?	
<input type="checkbox"/> Trainer in charge: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Assisting Trainer: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Assisting Trainer: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Place:	Number of participants:		
Venue:	Men:	Women:	
Date that this F-SIYB Activity was conducted: from: ____ / ____ / _____ to: ____ / ____ / _____	Duration: total _____ hours <input type="checkbox"/> mornings <input type="checkbox"/> weekdays <input type="checkbox"/> afternoons <input type="checkbox"/> weekends <input type="checkbox"/> evenings		
Total costs of this F-SIYB Activity:			
Currency: _____ Amount: _____	Main funders:	Percentage:	
Please tick if the following costs are included: <input type="checkbox"/> trainers/resource persons <input type="checkbox"/> training materials <input type="checkbox"/> transport <input type="checkbox"/> venue <input type="checkbox"/> accommodation <input type="checkbox"/> food	1. Name: _____	_____ %	
	2. Name: _____	_____ %	
	3. Name: _____	_____ %	
	Contribution by entrepreneurs:	_____ %	
		100%	

Participants' profiles at the time of the training. Cumulative results

Questions from F-SIYB Entry Forms	Answers	Tot no. of participants
Participant's background		
4. Sex:	a. Male b. Female	
5. Age:	a. 16-25 b. 26-35 c. 36-45 d. 46 or older	
6. Ethnicity	a. Sinhalese b. Tamil c. Other	
7. Highest education completed	a. None b. Primary c. Secondary: O-level d. Secondary: A-level e. Higher g. Other	
12. In business at time of training? (Including self-employed, family business)	a. Yes <input type="checkbox"/> please go to 17 b. No <input type="checkbox"/>	
14. What type of business do you intend to start? (classify the business idea's)	a. Retail b. Wholesale c. Manufacturing d. Service provision e. Agriculture / Agro-related f. Combination	
15. Start-up capital	a. Has own saving b. Borrow from friends / family c. Borrow from Bank / NGO d. Don't know yet a. Has own saving	
Business information; for existing entrepreneurs only		
17. Line of business	a. Retail b. Wholesale c. Manufacturing d. Service provision e. Agriculture / Agro-related f. Combination	
18. Position in business	a. Owner / manager b. Shared ownership c. Employee / member	
19. Business experience	a. Less than a year b. 1-3 years c. 4-10 years d. 11 years or more	
20. Business location	a. Permanent location b. No permanent (ambulant)	

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22. Number of employees, incl. owners (Working for 15 hours or more in business, paid or unpaid)		a. 2 (= owner + 1 worker) or less b. 3 – 4 c. 5 – 9 d. More than 10	
(22) Total workforce employed, incl. owners (Add from Entry Forms)	<input type="text"/>	a. Owners b. Paid workers c. Unpaid workers d. Apprentices	
(22) . Total workforce employed, incl. owners.	<input type="text"/>	a. Females b. At least minimum salary c. Under 15 years	

Questions from F-SIYB Entry Forms	Answers	Tot. participants
Business management knowledge; for FIB participants		
23.1 Cost calculation	a. Full knowledge b. Some knowledge c. No knowledge or incorrect	
23.2 Record keeping	a. Full knowledge b. Some knowledge c. No knowledge or incorrect	
23.3 Stock control	a. Full knowledge b. Some knowledge c. No knowledge or incorrect	
23.4 Sales promotion	a. Full knowledge b. Some knowledge c. No knowledge or incorrect	
23.5 Credit sales	a. Full knowledge b. Some knowledge c. No knowledge or incorrect	
23.6 Profit calculation	a. Full knowledge b. Some knowledge c. No knowledge or incorrect	

Target group

List any special characteristics of the participants in this seminar.

Promotion

What methods did you use to let the target group know about this seminar? Did you use F-SIYB promotional materials, or did you make use of other promotional media?

Comments and suggestions

Please feel free to give any comments or suggestions you may have on the F-SIYB programme.

Thank you!

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