



BASIC BUSINESS SKILLS TRAINING
Application Form – Start-Up Businesses

Organisation: Kangnas

Programme: Basic Business Skills Training for Start-Up Businesses

1. Personal Information

Full Name: _____

ID Number: _____

Contact Number: _____

Alternative Number _____

Email Address: _____

Residential Address: _____

Town/Area: _____

2. Business Information

Do you currently own a business?

Yes

No

If yes, please provide a copy of registration

Type of Business / Industry:

How long has your business been operating?



Is your business?

- Not started yet
- Less than 6 months
- 6 months – 1 year
- More than 1 year

Number of people working in the business:

- 1 (Owner only)
- 2 – 5 employees
- More than 5 employees

3. Business Needs

What type of support or training do you need?

- Business Foundations**
- Business Registration & Compliance**
- Financial Management Basics**
- Tendering & Procurement Skills**
- Health & Safety Basics for Contractors**
- Business Administration Skills**
- Marketing & Client Relations**
- Entrepreneurial Mindset & Growth**

Briefly describe your business idea or current business:

4. Training Availability

Are you available to attend the full 5day training program?

- Yes
- No



5. Declaration

I confirm that the information provided in this application form is true and correct.

Applicant Name: _____

Signature: _____

Date: _____