

**ΕΙΔΙΚΟ ΤΑΜΕΙΟ**

**ΤΟΥ ΚΕΝΤΡΟΥ ΕΠΑΓΓΕΛΜΑΤΙΚΗΣ ΑΠΟΚΑΤΑΣΤΑΣΗΣ ΑΤΟΜΩΝ**

**ΜΕ ΑΝΑΠΗΡΙΕΣ**



REPUBLIC OF CYPRUS

**DEPARTMENT FOR SOCIAL INCLUSION**

**OF PERSONS WITH DISABILITIES**

**DEPUTY MINISTRY OF**

**SOCIAL WELFARE**

**READINESS FOR THE CREATION OF A SMALL UNIT / BUSINESS**

**FOR SELF-EMPLOYMENT PURPOSES**

**(To be completed by the applicant, who may request the Department’s guidance**

**as to the nature of the information that is required in this form)**

**This form aims to assist the applicant, as well as the Department when examining the application, in determining the readiness and the viability of the Small Unit/ Business. It is a simplified form of the Business Plan, which is required by financial institutions / investors to decide on funding.**

**Α. Field of Interest**

A.1. Describe the field in which you wish to operate the small unit:

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A.2. How much time do you dedicate to the small unit? Provide details (e.g. full time, part-time, few hours per week etc)

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A.3. Do you have an associate / assistant in the small unit? Describe his/her role.

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A.4. Where does the small unit operate from? My Residence 🞏 Other premises 🞏

Owned 🞏 Rented 🞏

**Β. Business Plan**

B.1. Have you prepared a business plan? Yes 🞏 No 🞏

**(If Yes, please provide a copy)**

B.2. Have you prepared a budget? Yes 🞏 No 🞏

(E.g. income, expenses, investments, capital, immovable or other assets etc)

**(If Yes, please provide a copy)**

B.3. Have you prepared a marketing plan? Yes 🞏 No 🞏

(E.g. have you done market research, approached clients, advertised etc)

**(If Yes, please provide a copy)**

Β.3.1.How do you intend to advertise or promote your products/ services?

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B.4. Have you prepared a feasibility study? Yes 🞏 No 🞏

**(If Yes, please provide a copy)**

B.5. Do you know your competition? Yes 🞏 No 🞏

**(If Yes, please check below all that apply to you)**

I have studied the market and my target clientele 🞏

I have done product placement study 🞏

(I.e. how do you differentiate your product/service form the competition? E.g. quality, innovation etc)

I have created a basic clientele 🞏

I have prepared a promotional plan for my products/services 🞏

I have created a pricing policy 🞏

I have created a business image / branding 🞏

(i.e. to make my business recognizable)

I have identified/developed my business partners 🞏

(e.g. logistics, transportation of goods, sub-contractors, suppliers etc)

**C. Financial capability**

C.1. Fill out your projections (by year) in the table below. The data should be consistent with the Analysis of Income-Expenses (on the specified form)

Year Annual Income Annual Expenses Profit before taxes

1ο ………….….………. …..…………….…. ………………..………….

2ο ………….….………. …..…………….…. ………………..………….

3ο ………….….………. …..…………….…. ………………..………….

4ο ………….….………. …..…………….…. ………………..………….

5ο ………….….………. …..…………….…. ………………..………….

C.2. Describe your funding plan. How do you intend to fund your business? (e.g. through the grant, with own funds, through lending, a combination of these etc)

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**D. Readiness for business activities**

D.1. Choose from the below list any that applies to you:

I have already started my small unit/ business 🞏

I intend to start my small unit / business in the next 6-12 months 🞏

I will start my small unit / business in the future (over 12 months – explain) 🞏

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Other (explain): 🞏

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C.2. In case you have started your small unit / business:

When did it start? …………………………………………………………………….

Have you taken a loan? Yes 🞏 No 🞏

If yes, from where: ……………………………………………………………………………………………………………..

Total loan amount: ……………………………………………………………………………………………….

Have you received additional capital? Yes 🞏 No 🞏

Type: …………………………………………………………………………………………………………………………………

Value: ………………………………………………………………………………………………………………………………..

Have you created or will you create new work positions in the future? Yes 🞏 No 🞏

How many? ………………………………………………………………………………………………………..

D.3. Have you begun preparing for the creation/ development of your small unit / business?

Yes 🞏 No 🞏

D.4. Analyze the preparation stages you have already completed:

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D.5. Analyze the preparation stages currently in development:

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**E. Readiness of applicant**

Ε.1. What do you consider to be your strengths?

Knowledge of the business field 🞏

Financial management 🞏

Time management 🞏

Organizational skills 🞏

Problem solving 🞏

Communication skills 🞏

Other (specify): ……………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………..

Ε.2. Your business will be:

The main source of income: 🞏

Additional source of income to my main income: 🞏

Ε.3. How relevant is your academic education with your business?

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Ε.4. Explain your general experience in the business field:

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Ε.5. Analyze any experience you have in managing a business or with self-employment:

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Ε.6. To what degree and in what way do you think your disability will affect the success of your small unit?

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Ε.6.1 What remedies have you considered to overcome these obstacles?

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Ε.7. Is there a need for any special equipment / aid to facilitate you in your daily work activities?

Yes (explain) 🞏 No 🞏

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Ε.8. Is there a need for an assistant to support you in your daily work activities?

Yes (explain) 🞏 No 🞏

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Applicant’s name Applicant’s signature Date