



NEW HUNTER BUSINESS

SELF EMPLOYMENT ASSISTANCE MONTHLY PARTICIPANT CHECK IN

Participant Name:

Commencement Date:

Business Name:

Date:

How are YOU?

Tell us about your biggest success this month?

And what about your biggest challenge this month?

Briefly share with us where your business is at right now and what's your plan for next month?

Average Sales and Expenses for the past 4 weeks

Average projected sales and expenses for the next 4 weeks

Your Business Activity

During this month have you engaged in any of these activities?

Marketing & Operations

Promotions for new customer

Follow up "old" customers

Sought referrals

Networking activities

Selling skills

Stock control

Sought supplier/ Distributors

Review market segments

Review products and/or services

Review production techniques

Financials

Reviewed pricing

Sought credit/ debt support

Obtain funds

Maintain financial records

Revise annual cash flow

Monitor expenditure

Management Skills

Assessed time mgt skills

Completed quarterly income statement

Let's talk Business Compliance:

Are you operating your business in accordance with your Business Plan?

If no, please explain why

How many hours are you dedicating to your business each week?

Does your business remain your primary activity?

If no, please explain why

Is your record keeping up to date?

What system is used to keep your records?

Are you earning any income external to your business operations?

If so how much?

Is your approved insurance policy still current?

Do you have any questions for your mentor?

Need a Deeper Dive?

- Connect with your mentor via email to book an appointment
- Attend a function at The Business Centre – Click [here](#) to see what we offer



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This section is to be completed by the mentor

Notes

Summary for Department Reporting (min 150 characters)

PRIORITY GOALS AND ACTIONS IDENTIFIED

- 1.
- 2.
- 3.
4. Book into bi-monthly Group Mentoring Session

Mentor Signature

Date

Mentor Name

Quarterly Review Follow Up Action Plan:

(To be completed by Mentor AUG/NOV/FEB/MAY using completed quarterly review sent to Mentors JUL/OCT/JAN/APR)

A) Discussed reasons for failed Viability Assessment

B) Additional Agreed Actions