

Baseline Survey Form

Changemaking Competition

Institution: _____

Name: _____

Gender: Male / Female

Age (date/month/year): _____

1. What is your level of study?

- I. Matriculation
- II. Intermediate
- III. Undergraduate
- IV. Graduate
- V. Post Graduate
- VI. Any other _____

II.

III.

IV. Who inspired you to start a business/enterprise?

- i. Friends
- ii. Teacher
- iii. Organisation (name)
- iv. Person (name)
- v. Any other _____

2. What is your main study field?

- I. Business /management
- II. Law
- III. Economics
- IV. Social Sciences
- V. IT
- VI. Health
- VII. Linguistics
- VIII. Natural Sciences
- IX. Any other _____

5. In your opinion, what is the single most important thing required to run a business/enterprise?

6. Would like to become a changemaker? Please tick:

Yes No

I. If yes, when do you think is the right time to practice changemaking skills?

- i. During studies
- ii. After studies
- iii. During summer vacations
- iv. Any other _____

3. Are your parents running a business/self employed?

- I. Father: Yes: No
- II. Mother: Yes: No
- III. Both: Yes: No

4. Are you running a business? Yes: No

- I. If yes, what kind of business _____
- II. If no, would you like to start a business?
Yes : No (if no kindly go to question 5)
- III. If yes, what kind of business activity (Please tick one)
 - i. Business
 - ii. Social Enterprise (Changemaking)
 - iii. NGO
 - iv. Any other _____

Please write your permanent contact details below.

Cell:

Email:

Thank you.