

# BUSINESS HEALTH CHECKLIST

In order to obtain the most out of your business advisory/mentoring support, a brief business health checklist needs to be completed. Please fill out as much as you can. If there are areas that you are unable to answer. Do not be concerned, we will work through your questions when we meet.

On completion of the checklist, please email it to [pip.close@margaretriver.com](mailto:pip.close@margaretriver.com). This will allow us to have an understanding of your business needs prior to your next meeting. The information provided in this document is held strictly confidential and will be used solely to assist you with your business operation.

Business name (or trading as) details \_\_\_\_\_  
Contact name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_

## CHECKLIST

To be completed by the business owner or person responsible for the company/business management	Please tick
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Is your business existing or a new start up?	<input type="checkbox"/> Existing <input type="checkbox"/> Start up
How old? 1 year? 2 years? 2-5 years? More than 5 years?	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> More than 5 years
Do you have a website?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your website mobile friendly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a booking system on your website?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a distribution strategy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Facebook or other social media presence for your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a smart phone, tablet or iPad?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sell your product/services outside of the Margaret River Region?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in selling your product/services in Melbourne?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want famils or Trade Media?	<input type="checkbox"/> Famils <input type="checkbox"/> Trade Media
Does your business have a Business Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when was it written and last updated?	
Do you have any documented systems and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prepared to provide your full confidential access to your historical financial reports (i.e. profit and loss reports)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you done a past, present and future analysis of your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have up to date HR policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have up to date WH&S policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**What are the three major challenges/problems confronting your business?**

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_



