

**Vision Derbyshire Start-Up Business Plan** (Short Version)

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| --- | --- |
| Name: |  |
| Business Name: |  |
| e-mail: |  |
| Telephone: |  |

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| --- |
| Completed by: |
| Date | Customer Name | Signature |
|  |  |  |

**For Official Use Only**

**REVIEW OF PLAN**

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| Approved by: |
| Date | Business Adviser: Name | Signature |
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| Validated by: |

**Introduction**

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| 1. Please describe the nature of your business and your relevant experience/training |
| 1a. What is the product or service you will be providing? |
| 1b. What are your objectives for the first 12 months in business?  |
| 2. What business structure have you chosen (limited company, partnership, sole trader)? |
| 2a. What insurance / health & safety / liability requirements do you have? |
| 3. How many employees will you have and what will be their roles? |
| 4. Where will your business be located? Will you work from home or have specific premises? |

**Market**

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| 5. What market research have you carried out? (trends, size, upcoming, external factors which might affect your business) |
| 6. Who are your competitors? |
| 7. Who are your customers? |
| 8. How will you advertise or promote your business? |
| 9. What prices will you charge for your products or services and why? |

**FINANCE**

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| 10. Personal Survival BudgetPlease work out your personal survival budget, using the attached spreadsheet, to be aware of your personal financial needs to run a business. |
| 11. Explain how you will manage the finances of the business to meet your needs.  |
| 12. Describe your business start-up costs – items & costs. |
| 13. Where will the money come from to pay for these costs? |
| 14. Cash-Flow ForecastPlease attach your forecast of income and expenditure for the next twelve months, and also give a description of the assumptions you have used to arrive at the figures |
| 15. Assumptions and Comments |
| 16. Action Plan |