

## SELF-ASSESSMENT EXERCISES

### EXERCISE 1: PERSONALITY

Answer the questions yourself first. Then ask two other people who know you well to give their opinions. Stress that it is important that they give you honest answers (even if you don't like what they say!).

	<b>Your own opinion</b>		<b>Opinion 1</b>		<b>Opinion 2</b>	
Can you "stick" with something for a long period of time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you work alone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you flexible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you curious?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you take decisions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you think on your feet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you self-assured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you like to take the initiative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you an active person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you enthusiastic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you creative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you patient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you honest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you work under pressure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you set goals and priorities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a good listener?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a good communicator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you like to take responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you like new ideas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prepared to ask for help or advice when you need it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you believe in yourself and in your own abilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you get along with people	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a positive outlook?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hate losing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Identify your personal value system by answering these questions:**

What is important to you?

What do you believe in?

What do you stand for?

What aims in life do you have?

How do you treat other people – especially in circumstances where you do not need to care about their reactions?

What do ethics mean to you in your daily life?

What do ethics mean to you in your business life?

If you didn't have to earn a living, what would you do with your life?

How do you define success?

What do you think of people who have not achieved success?:

- By your definition of success?
- By the marketplace/society's definition of success?

How would you like to be remembered?

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### EXERCISE 3: EXPERIENCE AND SKILLS

What experience do you have of:

**From work**

**From outside work**

- ◇ Idea development?
- ◇ Marketing?
- ◇ Process?
- ◇ People?
- ◇ Finance?
- ◇ Business management?

How does this experience benefit a business?

What education do you bring to a business?

How does this education benefit a business?

What skills do you bring to a business?

How do these skills benefit a business?

What are you good at?

What are you weak at?

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## EXERCISE 4: NETWORK PROFILE AND ANALYSIS

Develop a profile of your own current network along the following lines.

<b>Contact organisation</b>	<b>Contact individual</b>	<b>Level of contact: Operational Managerial CEO</b>	<b>Quality of contact: Strong Average Weak</b>	<b>Nature of contact: Direct Indirect/ via intermediary</b>
ACME Corporation	Joe Smith	Manager, Purchasing	Average – meet socially about once a month	Direct

Analyse your network to identify:

- ◊ Strong points in your network
- ◊ Contacts lacking in your network
- ◊ Obstacles within your network How can the quality of your network be improved?
- ◊ By you personally
- ◊ By the contribution of others For each contact, ask yourself:
- ◊ In what area would this contact be useful? (e.g., help in recommending product to potential buyers, etc.)
- ◊ How does this contact link with others?
- ◊ What is the best way to approach this contact – directly or through another mutual contact?

How can the quality of your network be improved?

- ◊ By you personally
- ◊ By the contribution of others

For each contact, ask yourself:

- ◊ In what area would this contact be useful? (for example, help in recommending product to potential buyers, etc)
- ◊ How does this contact link with others?
- ◊ What is the best way to approach this contact – directly or through another mutual contact?

## EXERCISE 5: PERSONAL CIRCUMSTANCES

Answer the questions yourself first. Ask your spouse/partner and other members of your family to answer the questions – from their own point of view. It is important that they give honest answers (even if you don't like what they say!).

	<b>You</b>		<b>Your Spouse/ Partner</b>		<b>Your dependant family</b>	
Are you healthy?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
◇ To work hard?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
◇ To deal with long hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
◇ To wait for your business to take-off?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you cope with stress?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deadlines	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Difficult clients	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Commitments	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Money trouble	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
How much time can you give to the business per week?						
Is this enough	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you accept that your relationship with your partner/spouse may change because of:						
◇ Less time together?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
◇ Pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
◇ Irregular hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you accept that there will be changes in your social life?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you cope with financial insecurity?						
◇ Unpaid bills	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
◇ Shortage of cash	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
◇ Being in debt	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you cope with:						
◇ Reduced income?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
◇ Irregular income?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
◇ Unexpected setbacks?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
◇ Pressure/criticism from your friends/relatives?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you accept the risks involved?						
◇ Money	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
◇ Time	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you accept the impact that self-employment will have on your family life?

Yes  No

Yes  No

Yes  No

How will self-employment change:

◇ Your own life?

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◇ Your spouse/partner's life?

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◇ Your family's life?

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List the good things and bad things about being self-employed

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## EXERCISE 6: CALCULATING YOUR PERSONAL EXPENSES

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Estimate your personal expenses per year:	
Rent/mortgage	
Gas/water/electricity	
Telephone	
Insurance (health/home, etc.)	
Car (insurance, tax, depreciation)	
Repayments	
Other expenses	
<b>Subtotal A</b>	
Household expenses	
Allowances for:	
> Food	
> Clothing/footwear	
> Education	
> Holidays	
> Repair/maintenance	
> Renewal of household appliances	
> Savings	
<b>Subtotal B</b>	
<b>Total A+B</b>	
Deduct:	
Other earnings	
Government benefits	
Rent subsidies	
<b>Total deductions C</b>	
<b>Total needed per year (A+B-C)</b>	

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