

# Business Health Check Assessment

How healthy is your business? If you are interested in finding out, simply take 10 minutes to complete this simple assessment and send it in to us. We will analyse your answers and book a complimentary consultation with you to discuss the results.



## 1. Business Concerns

1.1 Rate your level of concern regarding these issues:	Concern					Need to Act		
	Low				High	Low	Med	High
Competition	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes in business conditions	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Declining sales and profits	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash flow	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress and lifestyle	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to funding	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attracting, retaining and motivating staff	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business planning	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Succession planning	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selling your business for the highest price	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your business and family assets	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2. Understanding Growth and Succession Planning

### 2.1 What stage are you at in your business?

Beginning       Growing       Going

### 2.2 Rate your level of understanding of the following:

	Low				High
Growth Planning	1	2	3	4	5
Succession Planning	1	2	3	4	5
Estate Planning	1	2	3	4	5

### 2.3 Do you have a detailed plan for the future growth of your business?

Yes  No

### 2.4 When would you consider growth planning to be important to your business?

Now  < 1 year  1-5 years  > 5 years

### 2.5 Do have a succession plan in place?

Yes  No

### 2.6 When would you consider succession planning to be important to your business?

Now  < 1 year  1-5 years  > 5 years

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## 3. Business Valuation

### 3.1 Would you like to know...

- What your business is worth?  Solutions to grow your business value?

### 3.2 Which of these have you considered to maximise your business value?

- Industry benchmarks  Sales growth  Profit improvement  
 Business systems  Reduce owner reliance  Motivate staff

## 4. Business Value Gap

### 4.1 Will the sale of your business fund your desired standard of living at retirement?

- Yes  No  Unsure

### 4.2 Would you like to know...

- Business value needed at retirement?  Income and assets needed at retirement?

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## 5. Key Success Factors

<b>5.1 Surviving or thriving</b>	<i>Yes</i>	<i>No</i>	<i>Unsure</i>
Have you prepared a business plan to ensure your business succeeds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you considered strategies to minimise your business risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you allocate a percentage of your working week to strategic and business planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

<b>5.2 Growth</b>			
Do you believe opportunities exist for you to grow your business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you own your own business premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in buying a similar business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have enough capital to grow your business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in family management and staff investing in the business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

<b>5.3 Best Practice</b>			
Do you produce accurate and timely financial reports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you improve your business and management skills through regular training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you believe your business can operate without you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

<b>5.4 Staff</b>			
Do you have formal strategies for staff attraction, retention and motivation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your staff engaged to grow your business value?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your staff incentive plan generating more sales, profit and value for your business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you developed investment and funding plans for your key staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

<b>5.5 Lifestyle</b>			
Do you spend time with your family as often as you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you enjoy your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you spend time doing things you enjoy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you pay attention to your diet and overall health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

<b>5.6 Succession</b>			
Are you willing to transfer control of your business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you set a retirement date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your business ready for sale?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a succession plan or buy/sell agreement in the event of your ill health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have business or key person insurance to protect the value of your business in the event of ill health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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5.7 Estate Planning	Yes	No	Unsure
Do you have an estate plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid Will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an enduring power of attorney?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 6. Please indicate which of these services interest you

- Business planning  (✓)
- Valuing your business
- Calculating your value gap
- Developing and implementing a program to improve staff retention and contribution
- Developing an effective succession plan
- Advice on protecting, growing and realising your maximum business wealth to retirement

## 7. Would you like us to contact you to discuss your responses?

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Please return your completed assessment to us and we will be in touch to arrange a complimentary consultation.