

**SMME NEEDS ASSESSMENT SHEET**

**TOURISM TOUR OPERATOR INCUBATOR**

**BACKGROUND AND DISCUSSION**

The implementation of the Tourism Incubators has been identified as one of the key drive pillar of Enterprise Development Support programme initiated by the Department of Tourism. The aim for establishment of the Tour Operator Incubator is to capacitate tour operators with necessary knowledge, training and skills that will enable them to develop and attract both the domestic and international markets by offering packages or products in the most sustainable and competitive way. The Department will contract the services of a service provider to roll out the incubation services to address the identified needs of the SMMEs. The programme runs and support SMMEs for period of 3 years.

**NEEDS ASSESSMENT PROCESS**

“A needs assessment is a systematic process for determining and addressing needs or gaps between current conditions and desired conditions or wants”.

The Sub-directorate: SMME Incubation is mandated to conduct needs assessment for SMMEs enrolled into the Tour Operator Incubation Programme to ascertain the kind of support needed by SMMEs for their development, growth and sustainability.

As part of completing the application form for the Tour Operator Incubation Programme, each applicant is required to fill out the needs assessment questionare. This needs assessment will guide and aid the department in partnership with the implementation service provider to develop a growth plan in line with those business development interventions identified.

A Business Needs Assessment Questionnaire has been developed for this purpose and is attached hereto as*Annexure A.*

 ***Annexure A***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **TOUR OPERATOR INCUBATOR SMME NEEDS ASSESSMENT**The Department of Tourism is in the process of conducting needs assessment for SMMEs enrolled into the Tour Operator Incubation Programme. The primary purpose of the assessment is to assess the gaps and identify areas of needs for SMMEs to develop and grow in a sustainable manner. The results will enable the Department together with the Service Provider to provide client-tailored services to each SMME in the programme. *Your participation in the needs assessment process is highly valued.*Name of Business:….........................................................................................................................................................Name of Respondent:….....................................................................................................................................................Name of Owner:…………………………………………………………………………………………………………….............. Business Address:………………………………………………………………………………………………………………….. …………………………………………………………………………………………………………………..Contact No/s:................................................................................................................................................Email Address: ……………………………………………………………………………………….Date Completed: ………………………………............................................................**SECTION A: DEMOGRAPHIC INFORMATION****1. What is your gender?**

|  |  |
| --- | --- |
| Male |  |
| Female |  |

**2. What is your age?**

|  |  |
| --- | --- |
| 18 – 29 years |  |
| 29 – 35 years |  |
| 35 – 45 years |  |
| Above 45 years |  |

**3. What is your race?**

|  |
| --- |
|  |

**4. Any disability?**

|  |  |
| --- | --- |
| Yes  | No |

If yes, please specify:……………………………………………………………………………………………………...**SECTION B: ABOUT THE BUSINESS****5. Type of business?**

|  |  |
| --- | --- |
| Tour Operator  |  |
| Travel Agency  |  |
| Tourist Guiding  |  |
| Other (please specify) |  |

1. **How long have you been operating?**

|  |  |
| --- | --- |
| 0 - 1 year |  |
| 1 - 5 years |  |
| 5 - 10 years |  |
| 10 - 15 years |  |
| 1. or more years
 |  |

1. **Number of employees in your business?**

|  |  |  |
| --- | --- | --- |
| Temporary | Permanent | Total |
|  |  |  |

1. **Financial structure of the business?**

|  |  |  |
| --- | --- | --- |
| Capital form | Type (e.g. owner, partner, bank, municipality, etc.)  | Percentage  |
| Equity  |  |  |
| Equity  |  |  |
| Debt/loan  |  |  |
| Grant  |  |  |
| **Total** |  |

1. **Is the business legally compliant?**

|  |  |
| --- | --- |
| Yes  | No |

 If No, which areas need to be addressed………………………………………………….………... ……………………………………………………………………………………………………………………..1. **What is the main activity of your business?**

……………………………………………………………………………………………………………………..1. **What are your other products or services?**

……………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………….1. **Do you keep financial records?**

|  |  |
| --- | --- |
| Yes  | No |

1. **What are the key challenges you face?**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………1. **What are the biggest obstacles to the growth or development of your business?**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………1. **What are the business development services your business needs (what type of assistance does your business need most)?**

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|  |  |
| --- | --- |
| Face to face  |  |
| Online  |  |
| Telephone  |  |
| E-mail  |  |
| Other (please specify)………………………………………. |  |

1. **Which institution/s do you think is/are best positioned to provide you with the assistance you need, as identified in no. 15?**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**SECTION C: TOUR OPERATOR INCUBATOR**1. **Did you or any of your employees attend the launch of Tour Operator Incubator?**

|  |  |
| --- | --- |
| Yes  | No |

1. **What are your expectations from this incubation programme?**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………1. **Will you have/make time for all the engagements related to this incubation programme?**

|  |  |
| --- | --- |
| Yes  | No |

1. **Any further comments you would like to make regarding Tour Operator Incubator Programme?**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**SECTION D: GENERAL COMMENTS** 1. **Any other programmes of the National Department of Tourism you have participated in or benefited from in the past?**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………1. **What suggestions would you make for future assistance from the Department?**

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