#  Consultant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Consultant name |   | Date Completed |   |
| Country | Armenia | *Please update the white cells with data for the last financial year, using dropdowns where applicable.*  |
| ASB Office | Yerevan |
| **I. CONSULTANT AND CONTACT DETAILS** |
| Address |   | Telephone |   |
| Fax |   |
| City / town / village |   | Email address |   |
| Region / Marz |   | Website |  |
| Country |   | Source of information about ASB |  Choose an item. |
| Director name |   | Director telephone |   |
| Director gender |  Choose an item. | Director email address |   |
| **II. CONSULTANT INFORMATION** |
| Short description of business |   |
| Year established |   | Annual turnover (EUR) |   |
| Legal status |   | # of Employees |   |
| Ownership | Choose an item. | # of Full time consultants |   |
| % Local ownership |   | # of Full time female consultants |   |
| % Female ownership |   | % Female consultants |   |
| % Private |   |   |
|  |
| **Services offered**  |
| Strategy | [ ]  | Engineering solutions | [ ]  |
| Marketing | [ ]  | Quality management | [ ]  |
| Organisation | [ ]  | Financial management | [ ]  |
| Operations | [ ]  | Energy efficiency and environment | [ ]  |
| Information and Communication technology | [ ]  | Other *(please specify)* |  |
|  |
| **Industries covered** |
| Chemical/Pharmaceutical | [ ]  | Paper | [ ]  |
| Construction/Engineering | [ ]  | Printing/Publishing | [ ]  |
| Electrical/Electronics/IT | [ ]  | Textiles/Apparel/Footwear | [ ]  |
| Energy | [ ]  | Transport | [ ]  |
| Food & Beverages | [ ]  | Travel/Tourism | [ ]  |
| Glass/Rubber/Plastic | [ ]  | Wholesale/Retail Distribution | [ ]  |
| Health | [ ]  | Wood Processing/Furniture/Forestry | [ ]  |
| Media/Communication | [ ]  | Other | [ ]  |
| Metals /Machinery/ Equipment | [ ]  | Other *(please specify)* |  |
| **Certification / qualification / membership of associations, or trainings participated in:**  |
| **Name** *(type of certification/ qualification, name of association, or title of course)* | **Location** | **Year** | **Type** |
|   |   |   | Choose an item.  |
|   |   |   | Choose an item. |
|   |   |   | Choose an item.  |
| **III. PREVIOUS EXPERIENCE** |
| Previous experience with donor programme | Choose an item. | If yes, name of donor programme |   |
| Previous ASB experience  |  | If yes, please specify |   |
| Would you be willing to work with ASB?  | Choose an item. |
| Do you feel that working with ASB will benefit your business? |  Choose an item. | Increased number of projects | Choose an item. |
| *If yes, please fill out how:* | Increased skills/ expertise | Choose an item. |
| Greater scope of projects | Choose an item. |
| More sophisticated projects | Choose an item. |
| **IV. PROJECTS UNDERTAKEN IN THE LAST FINANCIAL YEAR** |
| **Type of advice** | **Number of projects** | **Avg. project cost (EUR)** | **Avg. % subsidised** | **Avg. number of fee days** |
| Strategy |   |   |   |   |
| Marketing |   |   |   |   |
| Organisation |   |   |   |   |
| Operations |   |   |   |   |
| Information and Communication technology |   |   |   |   |
| Engineering solutions |   |   |   |   |
| Quality management |   |   |   |   |
| Financial management |   |   |   |   |
| Energy efficiency and environment |   |   |   |   |
| Training/ Visibility |   |   |   |   |
| Other *(please specify)* |   |   |   |   |
| Total number of repeat clients |   |
| How many other providers of consultancy services do you know in the same city? |   |
| What percentage of your projects is implemented in the same city compared with projects implemented outside of the city? |   |
| What is the average size of your clients (number of employees)? |  Choose an item. |