**Section 1:** Business Description

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| ADMINISTRATIVE DETAILS | PLEASE COMPLETE THE FIELDS BELOW |
| Organisation |  |
| Name of representative completing this form |  |
| Role / Title |  |
| Email Address |  |
| Best Contact Number |  |

Please list the name, role, department (if applicable) and email address of the key personnel that will be contributing to driving the organisation’s Business Excellence / Business Improvement programme:

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| FULL NAME | TITLE | DEPARTMENT | EMAIL |
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| BUSINESS DESCRIPTION | PLEASE COMPLETE THE FIELDS BELOW |
| What are your business’s main PRODUCTS and SERVICES? |  |
| By what METHODS do you DELIVER these products and services to your customers? |  |
| What is your stated VISION? |  |
| What is your stated MISSION? |  |
| What are your stated VALUES? |  |
| What specific REGULATORY REQUIREMENTS apply to your business / products and/or services? |  |
| BUSINESS DESCRIPTION | PLEASE COMPLETE THE FIELDS BELOW |
| Please outline your BUSINESS STRUCTURE and/or attach a copy of your ORGANISATIONAL PROFILE (if available). |  |
| What are your key CUSTOMER GROUPS and MARKET SEGMENTS? |  |
| What are your customers KEY REQUIREMENTS for the products and / or services that you deliver? |  |
| What are your most important types of SUPPLIERS? |  |
| What are your most important types of PARTNERS? |  |
| What are your most important types of DISTRIBUTORS? |  |
| Do you have your key business processes MAPPED / CHARTED? If so please provide a brief description of the method used. |  |

**Section 2:** Business Objectives

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| --- | --- | --- |
| BUSINESS OBJECTIVES | OBJECTIVES | TARGETS |
| Please outline your organisation’s current KEY BUSINESS OBJECTIVES and TARGETS – any additional detail you can provide would be beneficial. | 1.  |  |
| 2.  |  |
| 3.  |  |
| 4.  |  |
| 5.  |  |

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| BUSINESS OBJECTIVES | PLEASE COMPLETE THE FIELD BELOW |
| Does your organisation perform any type of STRATEGIC ANALYSIS (i.e. SWOT, PESTLE, PORTER’S etc.) and if yes, how often / when? |  |

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| BUSINESS DESCRIPTION | PLEASE COMPLETE THE FIELDS BELOW |
| What is your organisation’s **PRIMARY** OBJECTIVE / KEY FOCUS in becoming a member of NZBEF?*(your primary reason for joining)* |  |
| How will this be MEASURED? *(what indicators will you measure to know that you have met this objective?)* |  |
| What is the current BASELINE MEASURE for this? *(i.e. current status)* |  |
| WHEN is this objective expected to be MET? *(please specify a date if possible)* |  |
| On a scale of 1-5 *(with 5 being high and 1 being low)*, HOW IMPORTANT is this objective in the context of your strategic focus? |  |
|  |  |
| What is your organisation’s **SECONDARY** OBJECTIVE / KEY FOCUS in becoming a member of NZBEF? *(secondary reason for joining)* |  |
| How will this be MEASURED? *(what indicators will you measure to know that you have met this objective?)* |  |
| What is the current BASELINE MEASURE for this? *(i.e. current status)* |  |
| WHEN is this objective expected to be MET? *(please specify a date)* |  |
| On a scale of 1-5 *(with 5 being high and 1 being low)*, HOW IMPORTANT is this objective in the context of your strategic focus? |  |

**Section 3:** Business Challenges

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| --- | --- |
| BUSINESS CHALLENGES | PLEASE COMPLETE THE FIELDS BELOW |
| Who are your KEY COMPETITORS (if appropriate)? |  |
| What DIFFERENTIATES you from your competitors?*(what is your point of difference or what competitive advantage do you enjoy?)* |  |
| What are your current key business, operational and human resource STRATEGIC CHALLENGES, or, are there any pending CHANGES that may affect your competitive situation? |  |
| What business improvement methodologies do you currently use?*(i.e. lean, 6 Sigma, ISO, etc. or other process improvement tools)* |  |
| Please detail the specific services that NZBEF provides, or may be able to access that you or your organisation are particularly interested in. |  |

**Section 4:** Further Information

Please list / detail any awards or recognition that your organisation, individuals, or departments within your organisation have received to date:

|  |  |
| --- | --- |
| DATE | BRIEF DESCRIPTION |
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Please give a brief overview of your current advertising methods. Please include any relevant URL links to your social media sites in order that we can follow you.

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| TYPE | BRIEF DESCRIPTION |
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Thank you for completing this document. The next step from here is to complete the self-assessment of your organisation. We will arrange a meeting to discuss the information / results of both this document and the assessment.

Please feel free to use the space on this page for any further comments or feedback that you feel is relevant to your organisation’s journey with the New Zealand Business Excellence Foundation.

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| --- |
| FURTHER COMMENTS / RELEVANT FURTHER INFORMATION OR QUESTIONS |
|  |