

Questionnaire for the initial consultation

The start-up services of Cologne's universities work together in a spirit of trust through their network, the hochschulgründernetz cologne (hgnc e.V.). An overview of the participating universities and the services they offer is available at www.hgnc.de.

Please fill in the fields of the form in as much detail as possible and send the completed questionnaire by e-mail to the respective university's start-up service. In order to be able to offer the best possible advice, the start-up services of the universities are in regular contact with each other.

The information collected on the start-up project and the personal data will be stored for the purpose of consulting and, if necessary, passed on within the network for the purpose of consulting on the planned project. The data will not be passed on to third parties without further consent. The storage and transfer of data can be objected to at any time.

Personal details	
Person 1	
Name, first name	
E-mail address	
Phone number (optional)	
Study	
Name University	
Course of studies	Course: <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD
Degree (mm.yyyy)	<input type="checkbox"/> attained <input type="checkbox"/> planned
Current status	
Name University: _____	<input type="checkbox"/> student
	<input type="checkbox"/> PhD
	<input type="checkbox"/> graduate
	<input type="checkbox"/> alumni
	<input type="checkbox"/> employee
Person 2	
Name, first name	
E-mail address	
Phone number (optional)	
Study	
Name University	
Course of studies	Course: <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD
Degree (mm.yyyy)	<input type="checkbox"/> attained <input type="checkbox"/> planned
Current status	
Name University: _____	<input type="checkbox"/> student
	<input type="checkbox"/> PhD
	<input type="checkbox"/> graduate
	<input type="checkbox"/> alumni
	<input type="checkbox"/> employee

Personal details	
Person 3	
Name, first name	
E-mail address	
Phone number (optional)	
Study	
Name University	
Course of studies	Course: <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD
Degree (mm.yyyy)	<input type="checkbox"/> attained <input type="checkbox"/> planned
Current status	
Name University:	<input type="checkbox"/> student
	<input type="checkbox"/> PhD
	<input type="checkbox"/> graduate
	<input type="checkbox"/> alumni
	<input type="checkbox"/> employee
Person 4	
Name, first name	
E-mail address	
Phone number (optional)	
Study	
Name University	
Course of studies	Course: <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD
Degree (mm.yyyy)	<input type="checkbox"/> attained <input type="checkbox"/> planned
Current status	
Name University:	<input type="checkbox"/> student
	<input type="checkbox"/> PhD
	<input type="checkbox"/> graduate
	<input type="checkbox"/> alumni
	<input type="checkbox"/> employee

Consultation appointment	
Is there a desired date or preferred or excluded weekdays or times of day?	
Are there any other restrictions or wishes regarding the consultation?	

Details of the planned project	
Project name	
Brief project description	
Description of the business idea	
Why will the business idea be successful? What is the customer benefit?	
Who is the target group?	
How will the project be financed?	<input type="checkbox"/> Own resources/ bootstrapping <input type="checkbox"/> Debt capital <input type="checkbox"/> Funding (EXIST etc.) <input type="checkbox"/> Equity capital <input type="checkbox"/> Crowdfunding/-funding <input type="checkbox"/> others:

<p>What is the current state of affairs? What are the next steps?</p>	
<p>Which concrete questions should be discussed in the consultation?</p>	
<p>Is there already a contact to a scientific mentor regarding the business idea?</p>	<p><input type="checkbox"/> yes, name: University/institute:</p> <p><input type="checkbox"/> no</p>