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**Social Enterprise Support Programme Application**

**Training – Mentoring - Networking**

**Application Detail**

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| --- |
| Business Name |
| Address |
| Main Contact Name |
| Telephone Mobile |
| Email |
| Activity or Activities: Clearly describe the product/service and give details of how long you have been selling the product/service for. |
| Have you a parent or sponsoring organization? |
| Number of full time employees |
| Number of part time employees |
| Outline Management Team  Name Function Experience  Name Function Experience  Name Function Experience |
| Who are your customers? |
| Estimated Annual Turnover |
| Estimated profitability/Loss |
| Name key business challenge/s |
| **What skills/expertise would best resolve your issue?**  Please be specific in describing the type of skills/expertise you require as this will help you to select a suitable advisor? |
| **Signed Date** |