

**BUSINESS MENTORING PROGRAMME
BUSINESS APPLICATION FORM**

Name: Dr / Mr / Mrs / Miss / Ms / Other _____

Business Name: _____

Position Held: _____

Address: _____

Address: Town / Post Code _____

Email: _____

Telephone: _____ **Mobile:** _____

Fax _____ **Website:** _____

Application criteria require business to be **SE Account Managed** or already achieving steady turnover (comparable growth month on month over a minimum 6 month period) and who can evidence the potential to increase that turnover by **£200k or more over a 3 year period**.

▪ **What is your company's trading situation?**

Date started trading: _____ No. of years in business _____

	Current year	YEAR 1 forecast	YEAR 2 forecast	YEAR 3 forecast
Turnover				

Current staffing level Full Time _____ Part Time _____

Industry Sector

- | | | | | | |
|---|--------------------------|-----------------------------|--------------------------|---------------------------|--------------------------|
| Aerospace, Defence & Marine | <input type="checkbox"/> | Financial Services | <input type="checkbox"/> | Renewable Energy | <input type="checkbox"/> |
| Business Process Outsourcing | <input type="checkbox"/> | Food & Drink | <input type="checkbox"/> | Technology & Engineering | <input type="checkbox"/> |
| Chemical Sciences | <input type="checkbox"/> | Life Sciences | <input type="checkbox"/> | Textiles | <input type="checkbox"/> |
| Construction | <input type="checkbox"/> | Manufacturing | <input type="checkbox"/> | Tourism | <input type="checkbox"/> |
| Creative Industries | <input type="checkbox"/> | Oil & Gas | <input type="checkbox"/> | | |
| Business Services | <input type="checkbox"/> | Education Services & Health | <input type="checkbox"/> | Wholesale, Retail & Trade | <input type="checkbox"/> |
| Distribution, Transport, Storage, Communication | <input type="checkbox"/> | Third Sector | <input type="checkbox"/> | | |
| | | Utilities & Energy | <input type="checkbox"/> | | |

Specify your main business activity

In signing this document I agree to contact and meet with the appointed mentor on a regular basis. I acknowledge that any assistance I receive from a mentor or from any representative of SE Business Mentoring is not designed to constitute business advice and should not be relied upon as such. I understand that mentors and other representatives of Business Mentoring cannot be held responsible for my actions following my participation in the Business Mentoring programme. I understand that by registering with the SE Business Mentoring programme my data will be held by Scottish Enterprise and form part of its mentoring database.

Signature _____ **Date** _____

Data Protection – SE Business Mentoring will use the information, which you provide on this form, for administration and management purposes and to assess your requirements within the Business Mentoring programme. You have a right to ask for a copy of the information we hold on you and which is subject to the Data Protection Act 1998, (for which we may make a small charge) and to correct any inaccuracies in your information.

SCC / SE would also like to use your information to help identify services, which associated organisations, the Scottish Enterprise Network or Business Mentoring may offer and which may be of interest to you. This will be discussed with you during the course of your mentoring support. You will be asked by the mentoring team whether you would like to be contacted by further organisations as the match progresses. If you do not wish to discuss further support opportunities, please tick this box.

SCC / SE would like to keep a record of your information in case other opportunities or information in relation to our services or those of the Scottish Enterprise Network arise in the future which we think may interest you. If you do not wish us to do this, or contact you about these then please tick this box.