

APPLICATION FOR APPOINTMENT OF MENTOR
(TO BE COMPLETED BY THE APPLICANT)

SECTION ONE

Name of Applicant: _____

Name of Business: _____

Address of Business: _____

Telephone No: _____ Fax No: _____

Mobile No: _____ Email: _____

Website: _____

Age of promoter: Over 25: Under 25:
(please tick)

Number of Employed at Present: _____

SECTION TWO

Describe Product / Service: _____

Start Up Date: _____

SECTION THREE

Sales / Marketing

List Main Customers

Briefly Describe Marketing of Product/Service: _____

Sales (per financial year – indicate period covered)

Last Year: € _____
Current Year: € _____
Next Year (Projected): € _____

SECTION FOUR

Finance

(For start up projects or expansions)

Estimated Cost of New Fixed Asset Investment: € _____
Working Capital € _____

Proposed Funding:

Promoters Own Resources: € _____
Loans (please specify) € _____
Grant Assistance: € _____

SECTION FIVE

The Mentoring Requirements:

Describe Present Business Problems / Challenges:

Describe Future Plans for the Business:

Please tick the **TWO** most important areas of expertise the Mentor should have:

- | | | | |
|--------------------|--------------------------|-----------------------|--------------------------|
| 1. Sales | <input type="checkbox"/> | 8. Finance | <input type="checkbox"/> |
| 2. Marketing | <input type="checkbox"/> | 9. I.C.T. | <input type="checkbox"/> |
| 3. Exporting | <input type="checkbox"/> | 10. Business Planning | <input type="checkbox"/> |
| 4. Production | <input type="checkbox"/> | 11. Taxation | <input type="checkbox"/> |
| 5. Costing | <input type="checkbox"/> | 12. Public Relations | <input type="checkbox"/> |
| 6. Start-up | <input type="checkbox"/> | 13. Tourism | <input type="checkbox"/> |
| 7. Human Resources | <input type="checkbox"/> | 14. Patents | <input type="checkbox"/> |

Other (Please Specify):

How soon do you need a Mentor?

Signed:

Promoter

Date:
