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**Client Application for**

**Mentor Support**

**Name of Applicant:** Click or tap here to enter text.

**Business / Company Name: \*** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

Click or tap here to enter text.

**Company Registration No: \*** Click or tap here to enter text.

**Phone:** Click or tap here to enter text. **Mobile:** Click or tap here to enter text.

**email:** Click or tap here to enter text. **web:** Click or tap here to enter text.

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| **Briefing Information for the Mentor:** *A comprehensive brief will help to provide the best Mentor options for the client and maximise the impact of the Mentor***Business Details:** |
| Click or tap here to enter text. |
| **Year Established:** | Click or tap here to enter text. |
| **Development Stage:** | Click here to enter text. |
| **Business Sector:** | Click here to enter text. |
| **Prior Status if New Company** | Choose an item. |
| **No. of Staff: Present & Proposed** | Click or tap here to enter text. |
| **Business Plan Available (yes/no):** | Click or tap here to enter text. |
| **Accounts Available (yes/no):**  | Click or tap here to enter text. |

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| **Brief description of Business and Key Management Experience** |
| Click or tap here to enter text. |

\*If Applicable

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| **Products & Markets** |
| Click or tap here to enter text. |

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| **Please list the three main issues you have identified where you require mentoring?** |
| 1. Click or tap here to enter text. |
| 2. Click or tap here to enter text. |
| 3. Click or tap here to enter text. |

*If you wish, you can use additional pages to describe your business and attach*

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By ticking “I agree”, you confirm that: (a) you have complied with your own data protection obligations in respect of the personal data that you supply to us and that you are entitled to disclose such personal data to us; and (b) you will ensure that a copy of our data protection notice is sent to data subjects (e.g. your employees) whose personal data you provide to us.

**I agree – please click box:** [ ]

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click or tap to enter a date.

**Please complete and return to:**

**Local Enterprise Office Louth, Town Hall, Crowe Street, Dundalk, Co. Louth.**

**Email:** **mentoring@leo.louthcoco.ie** **Tel: 1890 202 303**

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