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**A picture containing person, grass, outdoor, man

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**Application form for a Covid-19 Business Support Mentor**

Please TYPE your answers into the spaces provided and remember to save your changes to this document before submitting this application form to [enterprise@carlowcoco.ie](mailto:enterprise@carlowcoco.ie) All sections must be completed as incomplete application forms cannot be accepted.

**Following receipt of the form you will receive an appointment for a Call/Video Conference with a LEO advisor who will discuss your requirements. You will be advised of the outcome of your advisor meeting with 48 hours of the meeting.**

**About Covid-19 Business Support Mentor:** Businesses employing up to 50 staff who are not clients of Enterprise Ireland / IDA operating in the Carlow County Council area are eligible to apply for mentoring. The purpose of the mentoring is to give advice and support to businesses to continue trading through the crisis.

If a mentor is appointed to a business the mentor’s role will be to support the business in making informed decisions on the immediate measures needed to continue trading in the current environment while securing the safety of all employees and future business viability through identification of remedial actions.

**Selection of Mentors**

Mentors will be selected from the Carlow County Council Local Enterprise Office’ mentoring panel. The assistance of parties other than those already on our panel in the delivery of this service is not required. . Applications for mentoring assistance should come directly from the business applying for the assistance and should not either be submitted by any other party nor should the applicant request that mentoring be provided by a particular party. The appointment of mentors is solely at the discretion of the Head of Enterprise/Senior Enterprise Development Officer . Each mentor may be awarded up to 3 sessions to assist with their business challenges.

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**Application form** for a Covid-19 **Business Support Mentoring**

|  |  |
| --- | --- |
| Name of your Local Enterprise Office: | Carlow Local Enterprise Office |
| Your Name: |  |
| Full Business address: |  |
| Business telephone: |  |
| Work mobile number: |  |
| Work e-mail address: |  |
| Website address: |  |
| CRO Number: (if applicable) |  |
| Ownership & Management Structure: |  |
| What is the most relevant sector for your business? For example: food, technology, logistics or retail. |  |

|  |  |
| --- | --- |
| Year your business was established? |  |
| How long has your  business been trading? |  |

|  |  |  |
| --- | --- | --- |
| **Please insert relevant  figures below** | **6 Months trading period,  pre Covid- 19 crisis in March 2020** | **Projected turnover for  the next 6 months** |
| Business Turnover | € | € |
| Staff numbers (total) |  |  |
| - Full time positions |  |  |
| - Part-time positions |  |  |

**Please describe your business’ products or services.   
Please use a maximum of 150 words:**

**Please describe the impact (or likely impact) of the Covid-19 pandemic on your business. Please use a maximum of 150 words:**

**Please outline the critical areas of support that you need for your business. For example: financial review and planning, HR planning, health and safety, or ICT support to implement remote working policies:**

**Freedom of Information:** The Local Enterprise Office will not release any information received as part of this application unless it is required by law, including the Freedom of Information Act 2014. If we receive a Freedom of Information request, we will tell you so that you have reasonable time if you want to contest a disclosure.

**Data Protection:** The Local Enterprise Office is committed to protecting and respecting your privacy. Our Data Protection Notice tells you about your privacy rights and sets out how we, as a Controller, collect, use, process and disclose your personal data relating to your interactions with us. Please refer to www.localenterprise.ie/legal for copies of our privacy notices

**I hereby declare that the information given in this application, together with**

**any supplementary information supplied are true and accurate.**

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNED** |  | **DATE** |  |
| **SIGNED** |  | **DATE** |  |
| **SIGNED** |  | **DATE** |  |

Please submit your completed application form to [enterprise@carlowcoco.ie](mailto:enterprise@carlowcoco.ie)