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**EXPRESSION OF INTEREST KILDARE RETAIL DEVELOPMENT PROGRAMME 2015**

**Please complete this form in order to be considered for a place on the retail development programme.**

**Applicant Details:**

**Name of applicant: …………………………………………………………………………………………………………………..**

**Address: …………………………………………………………………………………………………………………..**

 **…………………………………………………………………………………………………………………..**

**Phone No. …………………………………………………………………………………………………………………..**

**Email: …………………………………………………………………………………………………………………..**

**Tax Ref. No. …………………………………………………………………………………………………………………..**

**Business Details:**

**Business Name: ………………………………………………………………………………………………………………….**

**Business Address: ..................................................................................................................**

**Type of Business: ..................................................................................................................**

**Member of North Kildare Chamber Yes [ ] No [ ]**

**Cost of the course is €200. A subsidy of €50 is available for North Kildare Chamber members.**

**Course will run in North Kildare Chamber Training Room, Sallins Road, Naas.**

**Workshop Dates (all daytime): 13th October, 10th November, 12th January, 2nd February.**

**Refreshments & light lunch included.**

**This course is suitable for owner/managers of independent retail outlets (shops, cafés, beauticians, anyone who meets the customer face to face).**

**Completed forms should be returned to:**

**Local Enterprise Office, Aras Chill Dara, Naas, Co. Kildare or emailed to** **localenterprise@kildarecoco.ie**

**Closing date for receipt of forms is Friday 25th September 2015. You will be notified if you have secured a place.**