

IBYE APPLICATION FORM

Name

Address 1

Address 2

Town/City

County

Email

Phone

Gender Age

Date of Birth Nationality

Educational Achievements

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BUSINESS IDEA DETAILS

Briefly describe your business idea [100 words]

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BUSINESS IDEA

What is this application based on? [Tick one of the following]

BEST NEW IDEA [Not yet established]

☐

BEST START UP BUSINESS [up to 18 months]

☐

BEST ESTABLISHED BUSINESS WITH NEW ADD ON [over 18 months]

☐

Is it a product or service offering? [Tick one of the following]

Product

☐

Service

☐

What is unique about your business idea?

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Does the business idea have Intellectual Property? [Tick one of the following]

Yes

☐

No

☐

What is the status of your Intellectual property?

.....

.....

MARKET

What is your target market?

Will your customers be domestic, overseas or both? [Tick one of the following]

Domestic

☐

Overseas

☐

Both

☐

Who are your three main competitors in this area?

Why would a customer choose your product/service over a competitor?

MILESTONES

What in your opinion in the next 12 months are the key priority milestones
[i.e. commercial, marketing, technical] that you need to deliver in order to develop your business idea?

Why do think your business idea should win this competition?

Please include any additional information to support your application

Enhance your Application [Optional]

Add a link to your video from youtube or vimeo

I/we agree with the terms and conditions of IBYE competition
[see www.ibye.ie/terms-and-condition]

Signature:
