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| **APPENDIX B LOCAL ENTERPRISE OFFICE KILKENNY SUBMISSION SHEET** | | | | |
| **GENERAL INFORMATION** | | | | |
| **Business Details** | | | | |
| Company/Business Name  Name |  | | | |
| Address: |  | | | |
| Email: |  | | | |
| Website: |  | | | |
| Telephone: |  | | Mobile: |  |
| **Contact person details** | | | | |
| First Name |  | | Surname |  |
| Telephone |  | | Mobile |  |
| Title/position in the organisation: | |  | | |
| Email Address: | |  | | |
| CHECKLIST:  Please submit the following documents together with this fully completed submission sheet to ensure that your application is valid:   * Curriculum Vitae if applicable * Insurance Documentation * Current Health & Safety Statement (relevant section) * Please provide tax registration number     By providing tax number, you are granting permission for the Local Enterprise Office Kilkenny to access to Revenues Tax Clearance Verification Online System  Closing date for the receipt of submissions will be Monday 17th January 2022 @ 5.00pm. | | | | |
| Signed: | | | Date: | |

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| **PROGRAMME DETAILS** | | | | | | |
| Programme Title: |  | | | | | |
| Aim of the Programme: | | | | | | |
|  | | | | | | |
| Training Objectives (i.e. at the end of this training sessions participants will be able to): | | | | | | |
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| **PROGRAMME DETAILS (CONTINUED)** | | | | | | |
| Course Outline will include: | | | | | | |
|  | | | | | | |
| Proposed Approach/Methodology of training: | | | | | | |
|  | | | | | | |
| Please state of there are any prerequisites for this programme | | | Yes: |  | No: |  |
| If Yes, please elaborate: | | | | | | |
|  | | | | | | |
| **QUALIFICATIONS/EXPERIENCE** | | | | | | |
| Trainer’s Profile & Qualifications (brief): Further details e.g. C.V. can be included for each person in the Appendix | | | | | | |
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| **TESTIMONIALS** | | | | | | |
| Outline similar programmes / contracts on which you or your company has worked:  *Please note that the Local Enterprise Office reserves the right to contact the purchaser(s) of your services for details and/or testimonials.* | | | | | | |
|  | | | | | | |
| **COST** | | | | | | |
| **Duration of Course:** | | **Min/Max no: of participants:** | | | | |
| **Total Cost of Programme:** *Denoted in Euro, for the complete cost of undertaking the soft support(s), including a fully itemized breakdown of the fee charged for each individual and the amount detailed for any other expenses envisaged.*  *If there is a variation between costs associated with delivery in a physical setting as opposed to online –*  *please highlight in this section*  **Workshop Delivery:**  **Mentoring:**  **No of sessions and associated fee:** | | | | | | |
| **OTHER** | | | | | | |
| **Please advise if you wish to be considered in further requests for management development training provision during 2022, if and should the need arise in the following areas:**  Please tick only the section that you have the necessary qualifications, skills and capacity to deliver.   |  |  |  |  | | --- | --- | --- | --- | | **Topic** | | **Yes** | **No** | | **Financial** | |  |  | | **Sales & Marketing** | |  |  | | **Digital Marketing** | |  |  | | **Digitisation** | |  |  | | **Human Resources** | |  |  | | **Internationalisation** | |  |  | | **Strategic Planning** | |  |  | | **Innovation** | |  |  | | **Leadership** | |  |  | | **Lean** | |  |  | | **Procurement** | |  |  | | **Supply Chain Management/Quality** | |  |  | | **Circular Economy** | |  |  | | **Sector Specific** |  |  |  | | **Other:** Please provide further details: | |  |  | | | | | | | |