## cid:image001.jpg@01CF5E42.0661A9F0

**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.

|  |
| --- |
| **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. |
| **No. of Staff:** | Click or tap here to enter text. |
| **Estimated Turnover:** | Click or tap here to enter text. |
| **Estimated Profit/Loss:** | 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. |

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

\*If Applicable

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

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

If you wish, you can use additional pages to describe the business and attach.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete and return to:**

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

**Email:** **info@leo.louthcoco.ie** **Tel: 1890 202 303 or 042-9324185**

****