

Client Application for Mentor Support

Name: _____

Business Name/Company Name*: _____

Company Registration No* _____

Address: _____

Mobile _____

Email _____

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:

Year Established:	
No. of Staff:	
Estimated Turnover:	
Estimated Profit/Loss:	
Business Plan Available (yes/no):	
Accounts Available (yes/no):	

* If Applicable

Briefing Information for the Mentor – continued

Brief description of Business and Key Management Experience

Products & Markets

Please list the three main issues you have identified where you require mentoring?

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

Signature: _____

Date: _____

