

Entrepreneurial and Capability Development – M2
MENTOR ASSISTANCE APPLICATION FORM

1. **Name:** _____

Name of Business: _____

Address: _____

CRO or Business Registration No.: _____

Tax Ref. No.: _____ **Tax District:** _____

Tel: _____ **Mobile:** _____ **Fax:** _____

E-mail: _____ **Website:** _____

Date of Birth: _____ **Age Group (Please tick)** Under 25 25 or Over

2. **If in business - number of years in business:** Years.

Status: Sole Trader Limited Company Partnership (formal) Community Organisation

No. of employees: Full-time Part-time Seasonal

3. **What type of business are you involved in / hope to be involved in?** (please tick)

Manufacturing	<input type="checkbox"/>	Tourism	<input type="checkbox"/>	Textile/Fashion	<input type="checkbox"/>
Services	<input type="checkbox"/>	Art & Craft	<input type="checkbox"/>	Horticulture/Agri-business	<input type="checkbox"/>
Food	<input type="checkbox"/>	Forestry	<input type="checkbox"/>	E-Business	<input type="checkbox"/>
Advertising/Promotions	<input type="checkbox"/>	Industry	<input type="checkbox"/>	Education/Training	<input type="checkbox"/>
Health & Leisure	<input type="checkbox"/>	Retail/Distribution	<input type="checkbox"/>	Professional Services	<input type="checkbox"/>

Other (please specify) _____

4. **Please prioritise training required in order of 1 -**

Marketing	<input type="checkbox"/>	Crafts: sales & marketing	<input type="checkbox"/>	E-Commerce	
Sales	<input type="checkbox"/>	Computerised Accounts	<input type="checkbox"/>	<i>Beginner</i>	<input type="checkbox"/>
Bookkeeping	<input type="checkbox"/>	Quality Systems	<input type="checkbox"/>	<i>E-mail</i>	<input type="checkbox"/>
		ISO/Foundation Mark			
Production Planning	<input type="checkbox"/>	Health & Safety	<input type="checkbox"/>	<i>Internet</i>	<input type="checkbox"/>
Employment Legislation	<input type="checkbox"/>	Women in Enterprise Initiative	<input type="checkbox"/>	<i>Advanced</i>	<input type="checkbox"/>
HR/Personnel	<input type="checkbox"/>	Pricing/costing	<input type="checkbox"/>	<i>Website development</i>	<input type="checkbox"/>
Design/Innovation	<input type="checkbox"/>	Business planning	<input type="checkbox"/>		

Other (please specify) _____

N.B. In the case of ISO/Foundation Mark, Website development and Exhibition grants please submit a fee proposal/quotation.

5. *The following areas/management deficiencies may be addressed through any or a combination of the following one-to-one on-site training schemes:*

One-to-one training:

Management Development/on-site

Temporary Adviser / Mentor

E-Commerce Mentor

Health & Safety

Design/Product development

Please specify needs: _____

6. **Have you identified a training programme offered by other organisations eg. Department of Social Protection (DSP), Education & Training Board (ETB) or Private Consultant:**

Course/Programme Title: _____

Cost of training course/programme _____

Start Date: _____ **Completion Date:** _____

Venue where a course/programme is being run: _____

Is course/programme accredited Yes No

Tax Clearance Declaration

Signature of Applicant: _____ **Date:** _____

Please return completed application form to:
Local Enterprise Office,
Ballingarrane House, Cahir Road, Clonmel, Co. Tipperary Tel: 052-6129466
or
Civic Offices, Limerick Road, Nenagh, Co. Tipperary Tel 0761-06-5000
email: leo@tipperarycoco.ie, Websites: www.localenterprise.ie/tipperary

