



**THE FOOD ACADEMY START PROGRAMME – 2016**

**Local Enterprise Office Waterford**

**APPLICATION FORM**

*Complete in BLOCK CAPITALS please*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | | | | | |
| **Company Name:** |  | | | | | | | | |
| **Address:** |  | | | | | | | | |
| **Tel Number:**  **Mobile Number:** |  | | | | | | | | |
| **Email Address:** |  | | | | | | | | |
| **Website:**  *(if applicable)* |  | | | | | | | | |
| **Preferred Programme Start date:** | | | | | | | | | |
|  | |  | End Sept/ beginning Oct 2016 | | |  |  | |  |
| **YOUR GOALS** Explain in a few words what you want from this programme: | | | | | | | | | |
| **A Fee of €150 is required for participation on this programme** | | | | | | | | | |
| Fee Enclosed | | | |  | Fee By Bank Transfer | | |  | |
| **Date:** | | | | | | | | | |
| **Further Information** | | | | | | | | | |
| **Current Status:**  Have you already started in business? Yes / No  *Circle the Tick the appropriate number below*  Are you currently:   1. Employed 2. Self employed / a sole trader 3. In a Business Partnership 4. In a Limited Company 5. In a Co-operative 6. Unemployed/back to work scheme 7. Home duties 8. Other. | | | | | | | | | |
| **YOUR FOOD BUSINESS**  Describe your business and list your products:  Describe your customer base/target market:  List any stores or foodservices where you may be already selling your product to:  How long has your business been in existence? | | | | | | | | | |
| **EXPERIENCE AND PREVIOUS TRAINING**  *(Please state if you have completed a Start your Own Business Programme, and / or a Food Programme previously.)* | | | | | | | | | |