



**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.)* |