



Application Form

The ID Centre is a collaborative project that is being supported by the European Regional Development Fund (ERDF). The following information is being collected to ensure that you are eligible to receive support from the ERDF and also for ERDF reporting purposes. The information that you provide on this form will not be released for any other purpose.

Full name(s) of applicant(s):

Main contact name:

Main contact personal address:

.....
Postcode:

Main contact telephone number(s)

Day:

Evening:

Mobile:

Main contact personal email:

Name of Company:

Company address:

.....
Postcode:

Company phone no.

Company fax:

Company email:

Website:

When did this Company start trading?:

Does this Company already operate from commercial premises? [Y/N]:

Type of business [sole trader/partnership/limited company/other]:

Company number (if applicable):

VAT registered? [Y/N]: VAT reg. no. (if applicable):

What is the annual turnover of the company?

Have you received any grants or state aids in the last three years? [Y/N]:

If yes, please state the date of payment, name of provider, amount received, and brief reason for payment:

.....
.....

Who owns the company? (For each owner that is a company, how many people does it employ?):

Owner 1:

Owner 2:

Owner 3:

How many employees does the Company currently have?
(Including company owners/directors):

How many jobs would be based at the iD Centre?
(Including company owners/directors):

How many additional staff would the Company take on if it
were to be based at the iD Centre? (no. full-time, no. part-time):

Business Sector (e.g. aerospace, rail,
engineering, technology):

Describe the activities of the company:

What is the sex of the owner(s) of your company? [M/F]:

Owner 1:

Owner 2:

Owner 3:

What is the ethnic origin of the owner(s) of the organisation?

| | Owner 1 | Owner 2 | Owner 3 | | Owner 1 | Owner 2 | Owner 3 |
|------------------------------------|---------|---------|---------|--------------------------------------|---------|---------|---------|
| White British | | | | Black or Black British – Other | | | |
| White Irish | | | | Asian or Asian British – Indian | | | |
| White Other | | | | Asian or Asian British – Pakistani | | | |
| Mixed – White & Black Caribbean | | | | Asian or Asian British – Bangladeshi | | | |
| Mixed – White & Black African | | | | Asian or Asian British - Other | | | |
| Mixed – White & Asian | | | | Chinese | | | |
| Mixed – Other | | | | Other | | | |
| Black or Black British – African | | | | Prefer not to say | | | |
| Black or Black British – Caribbean | | | | | | | |

Would you consider yourself to be a disabled person? [Y/N]:

Owner 1:

Owner 2:

Owner 3:

References

Please give contact details for three references (one trade, one financial and one personal)

| | |
|-----------------------------------|------------------------------|
| Name (Trade): | |
| Occupation/Position: | |
| Address: | |
| | |
| | |
| Postcode: | Phone Number: |
| Fax: | E-mail/Website: |

Name (Financial):

Occupation/Position:

Address:

.....

.....

Postcode: **Phone Number:**

Fax: **E-mail/Website:**

Name (Personal):

Occupation/Position:

Address:

.....

.....

Postcode: **Phone Number:**

Fax: **E-mail/Website:**

Please enclose a copy of your business plan when returning this application. Make sure that you have covered all the points listed in the enclosed checklist.

Beneficiary Declaration

I declare that the details given on this form are true to the best of my knowledge.

Signed: **Date:** / /

Print Name:

Office Use

Reference [identifier]:

Enquiry log updated by:

Name:

Date:

Signed: