**Application Form**

Please complete all sections and return to: Richard Holloway, University of Liverpool Management School

Chatham Street, Liverpool, L69 7ZH. [richardh@liv.ac.uk](mailto:richardh@liv.ac.uk)

**Personal Details:**

Name:

Address :

Email Address:

Telephone Number: Mobile:

**Company details:**

Company name:

Position within the company:

Company website:

Type of business:

Business Sector:

Date Company established:  Annual turnover (approx.):

Legal Status (circle) Sole Trader / partnership **/** limited company / social enterprise / other

Company Registration No:

Vat Number: (if applicable)

Number of employees:

*(Please answer all questions thoroughly)*

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| Please provide a brief description of the business. |
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| Please explain why you want to participate in the programme and how your participation will impact on the growth plans for the business. |
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| What type of leader are you? And why do you think being a better leader will help you with your role? |
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| What are your personal goals within the business? And what are the main obstacles to achieving these goals? |
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| What impact do you think your participation will have on the business? E.g. Improve turnover, take on more staff, and develop new products and services? Trade outside the NW and internationally? |
| **Forecast Growth**   |  |  | | --- | --- | | Anticipated Growth over the next 3 years | | | year | Turnover | | 2019 |  | | 2020 |  | | 2021 |  |  |  |  | | --- | --- | | Anticipated Workforce Numbers over the next 3 years | | | year | Number | | 2019 |  | | 2020 |  | | 2021 |  | |

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| --- |
| What personal qualities will you bring to the programme? |
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| Other comments to support your application |
|  |

**Declaration**:

I certify that the information given on this form is correct and I would like to be considered for a place on the Growth Catalystprogramme. I have read the timetable and understand the time commitment required to successfully complete this programme and that it is part funded by the European Regional Development Agency Funding (ERDF).

I appreciate that I will be require to provide the following information, during the course of the programme.

1. Evidence of trade, to include a recent invoice and your latest audited accounts.
2. Bank accounts details to demonstrate the defrayal of the programme costs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please tick if your business has received or is currently accessing any ERDF funding delivered by the following organisations: | | | | | |
| Agent Marketing |  | Blackburne House |  | Downtown in Business |  |
| High Performance Consultancy |  | Liverpool & Sefton Chamber of Commerce |  | Mersey Maritime |  |
| Sci Tech Daresbury |  | The Women’s Organisation |  | Local Enterprise Partnership |  |

Signature:

Position within Company:

Date:

Please return this form to:

**Richard Holloway**

**The University of Liverpool Management School**

**Chatham Street**

**Liverpool**

**L69 7ZH**

**Email:** [**richardh@liv.ac.uk**](mailto:richardh@liv.ac.uk)

**Tel: 0151 795 3333**