

APPLICATION FORM FOR MENTOR SUPPORT

Please complete and send to:

Mentor Programme, Merrion Hall, Strand Road, Sandymount, Dublin 4.
Email: denise.perlin@enterprise-ireland.com
Ph: (01) 206 6000 Fax: (01) 206 6225

APPLICANT DETAILS:

Name: _____

Address: _____

Telephone (Work): _____ (Home) _____ (Mobile) _____

Fax: _____ Email: _____

Contact Name: _____

Position: _____

BUSINESS DETAILS:

Key Products and Markets: _____

Date trading commenced: _____

Approximate Turnover: _____

Number of Staff: _____

Approximate Profit: _____

Business Plan Available

Yes / No

Accounts Available

Yes / No

FOR OFFICE USE ONLY:

PROJECT NO.: _____

JOB REF. NO.: _____

EXECUTIVE RESPONSIBLE: _____

Mentor Options:

- (1) _____
(2) _____
(3) _____

Mentor Selected:

Name: _____

Address: _____

Tel No.: _____

BRIEFING INFORMATION FOR THE MENTOR
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Background on Company and Key Management:

Products & Markets:

The Mentor's objectives:

Mentor Experience Required:

If you wish, you can use additional pages to describe the business and attach them to this questionnaire.