

TRADELINKS PROGRAMME SUMMARY

The programme is a mentoring type programme that is funded through cross-border funds and participants can receive up to €3,000 worth of professional help.

The programme consists of three main phases with an optional fourth.

1. Initial assessment and Business Improvement Plan

Following an initial meeting with the business, an assessment will be prepared along with a business improvement plan with suggested areas for the business to look at.

2. Market Entry Support (to assess potential target markets)

An expert Marketeer will be appointed to prepare a Market Entry Plan which will research and identify specific markets for your business to help you increase sales.

3. Business Support Mentoring

The core of the programme up to 30 hours of mentoring time will be assigned to you. The programme uses high quality experts who can be assigned to help you where you need it. Your business can be assisted in one or more of the following areas:

- Marketing (marketing strategy, promotional material, marketing campaigns, sales promotion etc.)
- Online Marketing (E-mail, Social Media etc.) PR Campaign development
- Web site Design(or site improvement including Search Engine optimisation, Word press sites, Online buying sites, custom sites)
- Finance – stock management, financial management, costing, pricing etc.
- Innovation – new product development
- Etc.

4. Linkage Support

An add on support to help businesses get meetings and sales with potential customer(s) in NI)

Criteria

Any Manufacturing, Retail, Tourism, Online, etc. with the potential to trade cross-border.

Business must be located in County Sligo(contact you local Border Enterprise Board if you are located in a Border County)

Businesses must be in operation and trading for at least one year

(If you are unsure of eligibility please e-mail us)

Fee

A nominal administration fee will apply please contact us for details:

Contact:

Sligo County Enterprise Board at 0719144779 or e-mail: info@sligoenterprise.ie

TRADELINKS PROGRAMME APPLICATION FORM

Please answer all questions providing as much detail as possible. If a question is not relevant to your company, please enter N/A. All information will remain confidential.

1.	Company Name:			
	Company Address:			
	Postcode (NI only)			
	Telephone:		Fax:	
	Mobile Number			
	Email:		Web:	

2.	Contact name:			
	Position:			
	Telephone:		Fax:	
	Mobile			
	Email:		Web:	

3.	Legal Status:	<i>Please tick</i> ✓	
	Record information on MIS	Sole Trader	<input type="checkbox"/>
		Partnership	<input type="checkbox"/>
		Limited Company	<input type="checkbox"/>
		Other	<input type="checkbox"/>

4.	Year Established:		5.	No. of Staff (including proprietor/s)	
	Record information on MIS			Record information on MIS	
6. (a)	Business Sector: Record information on MIS	Agriculture <input type="checkbox"/> Catering & Hospitality <input type="checkbox"/> Computer Related Services <input type="checkbox"/> Construction <input type="checkbox"/> Craft Products & Services <input type="checkbox"/> Creative Arts <input type="checkbox"/> Domestic Services <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input type="checkbox"/> Finance & Business Services <input type="checkbox"/> Health & Beauty <input type="checkbox"/> Leisure <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional Services <input type="checkbox"/> Retail – Goods <input type="checkbox"/> Retail – Services <input type="checkbox"/> Transport/ Vehicle Services <input type="checkbox"/>			
6. (b)	If 'Manufacturing' is selected, please record the sub-sector Record information on MIS	Chemicals <input type="checkbox"/> Electrical Goods <input type="checkbox"/> Engineering <input type="checkbox"/> Food <input type="checkbox"/> Furniture <input type="checkbox"/> Marine Products <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Printing/Packaging <input type="checkbox"/> Textiles/Clothing <input type="checkbox"/>			

7	Current Turnover: (to nearest £/€ 1,000) Record information on MIS	£/€
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11.	What does your company want to achieve through your participation in the programme with particular reference to planned cross border activity

Signed: _____
 (On behalf of the client)

Date: _____

Position: _____

When completed please return to: **Sligo County Enterprise Board
 Sligo Development Centre
 Cleveragh Road
 Sligo**

For internal use only:

Client ID No:		Date Application received:	
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Application Outcome - Please tick

Proceed to Assessment

Signpost to Invest NI

Signpost to other programme

Signpost to Enterprise Ireland

Signpost to another organisation (Please specify):
