

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>Record information on MIS</i>		<i>Please tick</i> ✓
		Sole Trader		
		Partnership		
		Limited Company		
		Other		

4.	Year Established:		5.	No. of Staff (including proprietor/s)	
	<i>Record information on MIS</i>			<i>Record information on MIS</i>	
6. (a)	Business Sector: <i>Record information on MIS</i>	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 <i>Record information on MIS</i>	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) <i>Record information on MIS</i>	£/€
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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):
