

Application Form for Incubator Unit

1.1	Contact Person - Promoter	
1.2	Address	
1.3	Telephone / Mobile phone	
	E-mail	

1.4	Number of Team Members <i>[If any]</i>	
	Name	Area of Expertise
	1	
	2	
	3	
	4	

1.5	Qualifications & Work Experience <i>[If Curriculum Vitae are attached] proceed to Section 2</i>	
1.51	Qualifications <i>[List Qualifications of promoter & team members]</i>	
	Qualification	Institution

1.52	Work Experience <i>[Brief details of the employment history of promoter & team members]</i>		
	Organisation	Period	Position Held

1.6	Type of Business. <i>[Please complete one only]</i>		
	<input type="checkbox"/>	Sole Trader/Proprietor	<input type="checkbox"/>
	<input type="checkbox"/>	Cooperative	<input type="checkbox"/>
			<input type="checkbox"/>
			Registered Partnership
			Limited Liability Company
	If it's a Company, Partnership or Cooperative, indicate its Registration Number		

2.1	Do you have an up-to date business plan covering the next three years?		
	<input type="checkbox"/>	Yes	Please include your business plan with this application
	<input type="checkbox"/>	No	It is recommended that a Business Plan be drawn up and provided at a later stage
<p>A business plan is a statement of a set of business goals, the reasons why they are believed attainable, and the plan for reaching those goals. It should contain an Executive Summary, Description of the concept of the business, Definition of the Objectives, Market Analysis undertaken, Description of the product, Marketing Strategy, Current financial statements and cash flow projections and should also incorporate a Human Resource Plan</p>			

2.2	Briefly outline a description of your business idea and Product or Service, identifying any innovative aspects of its development, delivery, design and customer fulfilment.

2.3	What goals and objectives do you expect to achieve during incubation? Indicate the business milestones

2.4	How can the incubation centre assist your business and attain your goals and objectives?

3.1	How do you propose to finance the proposed business			
	<input type="checkbox"/>	Own - Promoter &/or team members	<input type="checkbox"/>	Bank Overdraft Facility
	<input type="checkbox"/>	Private Financing from Friends	<input type="checkbox"/>	Bank Loan
	<input type="checkbox"/>	Other - Please indicate		

3.2	How much funding would you require to operate the business?				
		Capital Expenditure		Operating Expenditure	
3.21	Start –up phase	€		€	
3.22	Incubation Period	€		€	

3.3	When do you expect to break-even?				
	<input type="checkbox"/>	It has not been determined yet			
	<input type="checkbox"/>	Estimated Date : [Month/Year] /			

4.1	Do you intend to employ people for the proposed business excluding professional assistance					
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No – Proceed to Section 4.4		
			Full - time		Part-time	
			Male	Female	Male	Female
4.2	Have you already employed any personnel?					
	<input type="checkbox"/>	Yes – Please indicate				
	<input type="checkbox"/>	None				

4.3	How many people will you require during incubation stage					
	<input type="checkbox"/>	Please indicate				
	<input type="checkbox"/>	It has not been determined yet.				

4.4	Have you already sought appropriate professional assistance for the proposed business? Please indicate					
	<input type="checkbox"/>	Accountant and/or Auditor				
	<input type="checkbox"/>	Management Consultant				
	<input type="checkbox"/>	Lawyer and/or Notary Public				
	<input type="checkbox"/>	Other – Please indicate				

5	For what purpose are you seeking to form part of the incubation centre?						
	<input type="checkbox"/>	Development of a new product/service			<input type="checkbox"/>	New start-up venture	
	<input type="checkbox"/>	New venture from an existing business concern			<input type="checkbox"/>	Other – Please indicate	

6.	How much space would you require in the incubation centre?					
	Number of Units :			Area of each unit is 63m ²		

7.	What is your projected duration in the incubation centre? (Note: Maximum 3 years)					

8.	What are the basic requirements of utilities that your proposed business would require					
	Communication	<input type="checkbox"/> - Telephone	<input type="checkbox"/> - Facsimile	<input type="checkbox"/> - Internet		
		<input type="checkbox"/> - Other – Please Indicate				
	Electricity	<input type="checkbox"/> - Single Phase	<input type="checkbox"/> - Three Phase			
	Water & Drainage	<input type="checkbox"/>				

9.	Other specialised requirements					
9.1	<input type="checkbox"/> Noise level – Indicate noise levels and steps to be undertaken to curtail excessive noise levels					
9.2	<input type="checkbox"/> Health and safety requirements – indicate measures to be undertaken to safeguard it.					

Name: _____ **(Block Capitals)**

Signed: _____

Date: _____

For Office use only

<i>Application Ref. No</i>
<i>Comments/Actions</i>