

RETURN BY POST:

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Ebbw Vale, NP23 6XB

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ENQUIRY REF

BG EFFECT BUSINESS FUND - REGISTRATION OF INTEREST FORM

PLEASE NOTE: THE REGISTRATION OF INTEREST FORM IS NOT AN APPLICATION FOR A GRANT

Contact Name:

Proposed Business
Name:

Contact Number:

Email:

Age:

BRIEF DESCRIPTION OF BUSINESS / PROPOSED BUSINESS:

Please describe the product(s) or service(s) that you intend to make, sell or provide:

How much are your project costs and what *specifically* would you use the fund for?

How many jobs are likely to be created as a result of this business start up?

PLEASE PROVIDE YOUR EMPLOYMENT STATUS

Are you currently: (Please tick ✓ appropriate box)

Employed Full time Employed Part time No of hours worked

Unemployed or other (Please give details below including any benefit support you are entitled to.)

If unemployed, how long have you been out of work? Years Months

If you are currently employed, what is your job title and how many hours do you work per week?

Job Title: No of hours worked:

BUSINESS PLAN: (A BG Effect Business Fund application *must* be supported by a business plan)

Which of the following best describes you and your business plan? (Please tick ✓ all boxes that apply)

I need advice and help to develop a business plan

I am in the process of developing a business plan

I have a finished business plan

Have you had (or are you currently receiving), business planning support? – e.g. Big Ideas Wales; Business Wales, The Prince Trust, Communities into Work

Yes No

If yes, please state the source and type of help:

PRINT NAME:

DATE:

SIGNED:

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