# Section 1: Contact Details

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| --- |
| **Personal Details** |
| Chair/ CEO/Name: |  | Job title: |  |
| Organisation Name: |  |
| Registered Office Address: |  | Post Code: |  |
| Phone Number: |  |
| Mobile Phone: |  |
| Charity Number |  |
| Company Number: |  |
| Email address: |  |

|  |  |
| --- | --- |
| **Date or Registration**  *(In the form DD/MM/YYYY)*: |  |

|  |
| --- |
|  **Source of Enquiry** |
|  |  |  |
| Word of Mouth | 🞎 | Awareness session | 🞎 | Leaflet/Advert | 🞎 |
| DISE Website | 🞎 | Internet Search | 🞎 | Local Authority | 🞎 |
| CEFS webiste | 🞎 | Business GrowthHub | 🞎 | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 |

|  |
| --- |
| **Is your organisation getting support from another organisation?** 🞏 Yes 🞏 No If Yes, please specify below |
| **Organisation:** |  |
| **Support provided:** |  |
| **Contact Name (if known):** |  |

# Section 2: Demographic Information (CEO/Chair (as above))

|  |
| --- |
| The Funders of your programme require us to collect personal information about each client joining the programme. We use this information to assess eligibility and to report demographic information about uptake. |
| **Gender:** | **Male ⬜ Female ⬜**  | **Date of Birth:** |
| **Age Range:** | **18-30 ⬜ 31-50 ⬜ 51-65 ⬜ Over 65 ⬜ Not Stated ⬜** |
| **Disability** |
| Do you consider yourself to be disabled as defined in the Equalities Act 2010? | **Yes** | **🞎** | **No** | **🞎** |
| **Not Stated** | **🞎** |
| **If yes, please note any specific support you require or needs to be addressed:** |

|  |
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| **Ethnic Origin -**Please tick one of the boxes below to describe your ethnic origin. Ethnic origin refers to members of an ethnic group that share the same cultural identity. This does not mean country of birth or nationality. |
|  |  |  |  |
| 🞏 | Asian or British Asian - Bangladeshi | 🞏 | Black or Black British Other | 🞏 | Not stated / not provided |
| 🞏 | Asian or British Asian Indian | 🞏 | Chinese or British Chinese | 🞏 | Any other ethnic group |
| 🞏 | Asian or British Asian Other | 🞏 | Mixed White and Asian | 🞏 | White British |
| 🞏 | Asian or British Asian Pakistani | 🞏 | Mixed White and Black African | 🞏 | White Irish |
| 🞏 | Black or Black British African | 🞏 | Mixed White and Black Caribbean | 🞏 | White Other |
| 🞏 | Black or Black British Caribbean | 🞏 | Mixed Other |  |  |
|  |  |  |  |  |  |
| **Previous Education/Qualifications** Please tick your highest qualification level |
|  |  |  |  |  |  |
| 🞏 | Level 1 (GCSE D-G) | 🞏 | Level 5 and above | 🞏 | Other qualification, level not known |
| 🞏 | Full Level 2 (GCSE A\*-C) | 🞏 | Other Qualifications below L1 | 🞏 | Not Known |
| 🞏 | Full Level 3 (A Level | 🞏 | Entry Level | 🞏 | No qualification |
| 🞏 | Level 4 (HE Cert) |  |  |  |  |
|  |
| **Other Demographic Questions** |
| Are you a lone parent ? | Yes 🞎 No 🞎  |
| Do you have any current or spent convictions ? | Yes 🞎 No 🞎  |
| Do you have refugee status ? | Yes 🞎 No 🞎  |

# Section 3: Your Organisation

|  |
| --- |
| **About your Organisation** |
| Organisation Description |  |
| Sector:   | Education | ⬜ | Development Trust | ⬜ | Housing | ⬜ |
| Health and Social Care | ⬜ | Employment/ Training | ⬜ | Digital / ICT | ⬜ |
| Advice and Guidance | ⬜ | Disability Support | ⬜ | Other *(please specify below)* | ⬜ |
| Childcare | ⬜ | Environmental | ⬜ |  |
| Legal Status: Tick all that apply  | Unincorporated Group | ⬜ | Company Limited By Guarantee | ⬜ |
| Charity | ⬜ | Community Interest Company | ⬜ |
| Cooperative | ⬜ | Charitable Incorporated Organisation | ⬜ |

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| --- |
| What areas of support do you consider you require for your Business? |
|  |

# Section 4: Benchmarking

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| To assess the impact of the support given we are required to collect information about your organisation’s financial and staff resources |
| A:Turnover (£k): |  | B: Reserve (£k): |  | Asset value (£k):  |  |
| Current Number of Full Time Equivalent Employees |  |
| Number of Volunteers |  |

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**Section 5: Declaration**

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| **Client Declaration** |
| The support given by this programme is funded from public sources which includes the European Regional Development Fund. We will share your information with programme funders and Lot one providers (Blue Orchid) for the purpose of evaluating, monitoring and collecting feedback from this programme. We keep personal information for as long as necessary to fulfil the purpose of this programme and as required by law. Development in Social Enterprise is Registered under the Data Protection Act Registration Number Z2669744For your Organisation to be eligible, you must be able to tick **all** of the following boxes: **🞏** My Organisation is an SME which has less than 250 employees**🞏** My Organisation balance sheet is less than EUR 43M (£37m)**🞏** My Organisation turnover is less than EUR 50M (£43m)**🞏** My business is Not for personal profit entity**🞏** My business is not in one of the following sectors; Fishery and aquaculture, Retail, Primary Production, Processing and marketing of agricultural products, Coal, Steel & Shipbuilding, Synthetic Fibre Production, Provision of school age education, Banking and Finance Company , Nuclear Sector. |
| **De Minimis Regulations** |
| * Some programmes are considered to be De Minimis aid under commission regulation (EC) No. 1998/2006. The maximum amount of De Minimis aid that can be provided to an undertaking is EUR 200,000 (approx.. £172,000) in any three financial years.
* The value of support for 3 hours is £400. The value of support for 12hrs is £1,600 -If the support delivered by this programme will take you over the De Minimis threshold then you are not eligible to participate.

🞏 My organisation **HAS NOT** received any funding under De Minimis regulations in the past three financial years.🞏 My Organisation **HAS** received funding under De Minimis regulations in the past three financial years. If you have received De Minimis funding, your advisor will provide you with a De Minimis Declaration to complete |
| **Name** |  |
| **Signature** |  | **Date** |  |

|  |
| --- |
| **Advisor Declaration** |
| I declare that I have provided the client with IAG to allow them to understand the programme they are enrolling on and the commitment they must make to that programme to allow them to benefit from it. |
| **Name** |  |
| **Signature** |  | **Date** |  |

**DE MINIMIS STATE AID DECLARATION**

I/We declare that we have looked at all our funding agreements and related documents for the past three years and confirm that:

|  |  |
| --- | --- |
| **TICK ONE** |  |
| ⬜  | No state resources were provided to us expressly as De Minimis/under Reg 1998/2006 (De Minimis) in the past three years |
| ⬜  | The following amounts were received by us expressly as De Minimis in the past three years |
| **Payer** | **Amount** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
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Please complete and return to your business advisor.

|  |  |
| --- | --- |
| **Client Name:** | **Date:** |
| **Client Signature:**  |
| **Organisation Name:**  |
| **Position:** |