



ELIGIBILITY & TIME RECORD

Title		Gender	Male		Female	
Forename		Business Name				
Surname		Business Address				
Address						
Town						
County		UTR or Company Registration No*	<i>*If not obtained please indicate why</i>			
Postcode						
		Sector SIC code				
Web Address		Parish				
Email Address		Telephone Number				

Ethnic Origin (please tick appropriate)			
<input type="checkbox"/>	White	<input type="checkbox"/>	Mixed / Multiple Ethnic Groups
<input type="checkbox"/>	Asian/Asian British/ Asian Black	<input type="checkbox"/>	African
<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Black British
<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>	Prefer not to say

Age Group (Please tick appropriate)					
<input type="checkbox"/>	16 - 24 Years	<input type="checkbox"/>	25 - 29 Years	<input type="checkbox"/>	30 - 34 Years
<input type="checkbox"/>	35 - 39 Years	<input type="checkbox"/>	40-44 Years	<input type="checkbox"/>	45 - 49 Years
<input type="checkbox"/>	50-54 Years	<input type="checkbox"/>	55-59 Years	<input type="checkbox"/>	60 - 64 Years
<input type="checkbox"/>	65+ Years	<input type="checkbox"/>	Prefer not to say		

Do you consider yourself to have a disability?		Yes		No		Prefer not to say
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Business Information – Questions marked with “●” only need to be answered by GSP clients					
Start of trade date		Legal Status		Ownership ●	

Legal Status Options = Sole Trader, Partnership, Limited Company, CIC, Charity, Guarantee, Unincorporated, PLC, LLP /
Ownership Options = Public, Private, Subsidiary or Other

Size of Business (Please tick appropriate)			
<input type="checkbox"/>	Sole Trader	<input type="checkbox"/>	Micro Enterprise (Up to 10 Employees)
<input type="checkbox"/>	SME (Small to Medium Enterprise – less than 250 employees, annual turnover less than €50m or an annual balance sheet total not exceeding €43m)	<input type="checkbox"/>	Large Company

What does/will your business do?

GVA Financial Data •

Financial Year End Date	Baseline Financial Year prior to intervention	Forecast Financial Year of intervention
Turnover		
Number of employees		

Is Your Business VAT Registered? •		Yes		No
Number of product & process innovations in the last 3 financial years •				
Annual R&D spend in the last complete financial year •	£			

Date of Activity	Activity Description	Advisor	Total Hours

Disclaimer Notices

I hereby request the services and support provided by West Devon Business Information Point Ltd (BIP). I understand that every effort will be made by **BIP** and their employees, servants, or agents to ensure that all information, advice and other services given during the course of our services shall be accurate. However, I accept that **BIP** shall have no legal responsibility or liability for any errors or omissions in the information, advice or services provided and no responsibility or liability is accepted with regard to the stand of any Firms, Companies, or individuals mentioned during the course of our service. I also confirm that I am in agreement for West Devon Business Information Point to hold my Personal Information. **To the best of my knowledge the information given on this form is correct.**

Information Sharing

The personal and business information that BIP holds on you will not be passed to any other organisation that is not involved in providing your business support. However, the information in part, may be shared with the organisations that fund the business support to enable them to collate reports on national and regional activity. In accordance with Data Protection regulations, any data on individuals will not be shared with anyone else without the expressed permission of the individual in question. By signing this form I consent to BIP sharing relevant information with project funders.

Signature of Client **Date**

Position in business

West Devon Business Information Point (WDBIP) would like to use your personal information to notify you (by email, post, fax and/or telephone) of any news and events or services provided by WDBIP. **If you would like us to add you to our mailing list please tick here ☐**

For Office Use Only: Client Eligibility has been confirmed against Project criteria and has been approved.

Business Trainer: Signature Date

Checked By: Signature 1 Date

Client Reference Number **Client Area**

Office Use Only: Please indicate which project this client has been assisted under

Growth Hub ☐ Start Up & Grow ☐ WD Bus Support ☐ CIAG ☐ SH Bus Support ☐ ED Bus Support ☐

Innovation in Healthy Ageing ☐



European Union
European Regional
Development Fund