**Waterford Institute of Technology and Institute of Technology Carlow**

New Frontiers Programme 2014

Phase 1 Application Form

***Personal and Contact Details***

|  |  |
| --- | --- |
| First Name: |   |
| Surname: |  |
| PPS No.  |  |
| Business Name:(if decided) |  |
| Address: |  |
| Telephone Number: |  |
| Mobile Number: |  |
| E-mail Address: |  |
| Website Address: |  |
| Twitter: |  |
| Facebook: |  |

***Promoters Details***

|  |  |
| --- | --- |
| Are you currently committed to your project full-time? |  |
| Have you ever established a start-up business before? |  |
| Have you or a business partner ever applied for/participated on an enterprise programme? |  |
| If so, which programme and what year? |  |

***How did you hear about the New Frontiers Programme?***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| National Press | ❒ | Radio | ❒ | Other (please specify) | ❒ |
| Local Press | ❒ | Internet | ❒ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| List Newspapers | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

***Proposed Business Concept***

|  |
| --- |
| Stage of Development: |
| Idea forBusiness | ❒ | Draft Business Plan | ❒ | Pilot/reference customers | ❒ |
| Market Research | ❒ | Prototype | ❒ | Company Trading |  ❒ |

|  |
| --- |
| Please give a brief description of your proposed business concept, target market, the market issue it addresses. Include details of any development work carried out to date, how long you have been working on the development, is anybody else involved in the project etc: |

|  |
| --- |
| Please give details of any funding, investment or assistance you may have already received for this business concept: |

***What Business Sector will you compete in?***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Digital Media/ Communication | ❒ | Services | ❒ | Other (please specify) | ❒ |
| ICT Financial/Enterprise Software | ❒ | Electronics /Engineering /Cleantech | ❒ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Life Science / Medical Devices | ❒ | Food Food/Beverage | ❒ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Academic Details:***

|  |  |
| --- | --- |
| Title of Qualification: |  |
| Overall Result on Completion: |  |
| Year Completed: |  |
| College Name: |  |
| Subjects Taken: |  |

Further qualifications may be added to application, please attached a separate sheet using the above as a guide.

***Benefits to you:***

|  |
| --- |
| How do you expect to benefit from / What do you hope to achieve from the New Frontiers Programme? |

***Please use this space to add any supporting information that you wish to include to assist your application:***

|  |
| --- |
|  |

***Curriculum Vitae***

|  |
| --- |
| Please attach / insert your CV here: |

***Business Plan***

|  |  |  |
| --- | --- | --- |
| Have you a Business Plan(If Yes, Please attach) | Yes |  |
| No |  |
| In Progress |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return the completed application and supporting documentation by e-mail to:**

Eugene Crehan

E: ecrehan@wit.ie

T: +353 51 302953

**Waterford Institute of Technology**

ArcLabs Research & Innovation Centre

Carriganore Campus

**WATERFORD**

Campus
Waterford

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| --- |
| *For Office Use Only:* |
| Date Applications Received: Ref No: |
| Action: |