**Global Business Innovation Programme**

**Application Form**

**Client Details**

***Please note:*** *It is mandatory for a senior-level representative from the company to apply and attend the programme.*

**Title**\*

* Mr
* Mrs
* Miss
* Ms
* Dr.
* Other

*If other* - **Please specify\***

**First Name\***

**Last Name\***

**Email Address\***

**Job Title\***

**Preferred Contact Number\***

**Company Details**

**Company Name \***

**Company Website \***

**Company Address – Street \***

**Company Address – City \***

**Company Address – County \***

**Company Address – Postcode \***

**Company Registration Number (CRN) or Unique Taxpayer Reference (UTR) \***

**Number of Employees (Full Time Equivalent) \***

**Date of Incorporation \***

**Annual Turnover \***

**Written Application Questions**

**Please indicate your technology/sector area\***

*Select one from the dropdown list provided on the online submission.*

**What is your company stage \***

*Please select one*

* Pre-Seed
* Seed
* Early Stage
* Growth
* Scale

**Are you currently working with an Innovate UK EDGE innovation and growth specialist? \***

Our innovation and growth specialists are at the centre of our service. Each client engagement results in bespoke strategies.

* Yes
* No

***If yes* - please provide the name of your innovation and growth specialist \***

**How does your application fit with the scope of this GBIP? \***

Within your answer, you must indicate the following:

1. How does your company’s product/service relate to the sector and market focus of this particular GBIP?

(1,000 characters max)

**Please give a short description of the product and/or service your business is developing\***

Within your answer, you must indicate the following:

1. What is innovative about it?
2. At what stage is your product and/or service? *(e.g. pre – R&D, early R&D, prototyping/testing or full product in market)*

(1,000 characters max)

**Please describe your target market that fits your product/service \***

Within your answer, you must indicate the following:

1. Who will buy the product/service?
2. How large is the market?
3. What is your route to market?

(1,000 characters max)

**How globally active is your business currently? \***

Within your answer, you must indicate the following:

1. Which market(s) your business is currently active in
2. Which type of organisations you are partnering with

(1,000 characters max)

**What specific companies, universities or other organisations would you like to engage with as part of this GBIP? \***

(1,000 characters max)

**What does your business want to gain by participating in this GBIP? \***

Within your answer, you must indicate the following:

1. If you perceive any barriers to innovation and/or internationalisation, that this programme might help you overcome

(1,000 characters max)

**How are you going to grow and scale your business as a result of participating in this GBIP? \***

Within your answer, you must indicate the following:

1. How you are going to embed the knowledge gained from this programme into your business
2. How you will utilise the wrap-around support from an innovation and growth specialist? (e*.g. resources, strategies, budgets, etc)*

(1,000 characters max)

**Please highlight if you have previously received support from Innovate UK EDGE (previously known as Enterprise Europe Network) \***

Support could be from one of the following areas:

* Global Business Innovation Programme
* Innovate UK programmes
* Innovate UK funding opportunities
* Yes, I have previously participated in one of the above
* No, I have not previously participated in one of the above

***If yes* - please indicate how you have made the most of the support \***

(1,000 characters max)

**Have you received any type of support from any public funds in the last three fiscal years? \***

* Yes
* No

***If yes* - please provide details:**

You must use the following format to provide the details:

* Year
* Funding Body
* Purpose
* Amount

**Do you consider yourself to have a disability, condition or illness? \***

* Yes
* No
* Prefer not to say

***If yes* – please specify below \***

**Do you have any caring responsibilities? \***

* Yes
* No

***If yes* - please tick all that apply \***

* None/Prefer not to say
* Primary carer of a child/children (under 18)
* Primary carer of a disabled child/children
* Primary carer of a disabled adult(s) (18 and over)
* Primary carer of an older person(s)
* Secondary carer (another person carries out the main caring role)

**What is your religion or belief \***

* No religion or belief
* Prefer not to say
* Buddhist
* Christian
* Hindu
* Jewish
* Muslim
* Sikh
* Other

***If other* - please state other religion or belief** **\***

**Equality, Diversity, and Inclusion (EDI)**

*To deliver on Innovate UK’s commitment to address under-representation in business innovation and foster EDI, we need to collect and report on EDI data. You will always have the option to ‘prefer not to say’ if you do not feel comfortable sharing this information.*

**The majority of your business is owned by (gender)\***

* Male
* Female
* Non-binary
* No majority
* Prefer not to say

**The majority of your business is owned by (ethnicity)\***

* White British
* White Irish
* Other White
* White & Black Caribbean
* White & Black African
* White & Asian
* Other Mixed Background
* Indian
* Pakistani
* Bangladeshi
* Chinese
* Other Asian Background
* Caribbean
* African
* Other Black Background
* Arab
* Other Ethnic Group
* Prefer to self-describe
* Prefer not to say

***If self-describe* –** **please self-describe below**

**The majority of your business is owned by (age) \***

* 18 – 24
* 25 – 34
* 35 – 44
* 45 – 54
* 55 – 64
* 65+
* Prefer not to say

**Additional Information**

**Please let us know how you heard about this GBIP \***

* Innovation & Growth Specialist
* Email
* Social Media
* Innovate UK Website
* Innovate UK Newsletter
* Other

***If other* - please specify below**

**Would you like to receive communications about business support opportunities, events and programmes from Innovate UK? \***

* Yes
* No, thanks