**GLOBAL BUSINESS INNOVATION PROGRAMME**

**APPLICATION FORM**

Please use this word document to collate your responses.

**Important: Populating this form does not constitute your completed application submission.** In order to complete the application process, you will need to copy and paste all the answers from this Word document to the online form.

**Applicant Information**

**Contact Information**

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| **Applicant Name\*** |  |  |
| **Position** |  |  |
| **Email** |  | **Phone** |  | **ext.** |  |

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| **\*This should be a senior person from the business who will be involved in all stages of the Programme.** |  |

**Company Information**

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| **Company Name** |  |
| **Company address**  |  |
| **Company postcode**  |  |
| **Website** |  |
| **Industry Sector (pre-selected options)** |  |
| **Company Registration No.** |  |
| **Number of Employees** |  |
| **Date of incorporation** |  |
| **Annual Turnover** |  |

**Diversity Questions**

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| **Is your business majority owned by?**  | **Male** **Female****No Majority***Delete as appropiate* |
| **Is your business majority owned by people with a disability?** | **Yes****No****Prefer not to say***Delete as appropiate* |
| **Is your business majority owned by:** | **Ethnicity - pre-populated answers** |
| **Is your business majority owned by:**  | **Age - pre-populated answers** |

**Applicant Questions**

**All questions are mandatory, if unanswered your application is considered incomplete and will not be considered**

1. Company Stage

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| **Pre-Seed/Seed/Early stage/Growth/Scale** *Delete as appropiate* |

1. How does your application fit with the scope of this Global Business Innovation Programme? (1000 characters max)

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1. Please give a short description of the new product and/or services your business is developing. What is Innovative about it? (1000 characters max)

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1. What stage is your product and/or service? (e.g. Pre – R&D, early R&D, prototyping/testing or full product in market) (1000 characters max)

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1. Please describe your target market and the likely fit of your product/service? Who will buy the product/service? How large is the (global) market? What is your route to market? (1000 characters max)

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1. How globally active is your business currently? Please indicate which market or markets your business is currently active in. (1000 characters max)

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1. Why are you specifically interested in working with the country that is the focus for this Global Business Innovation Programme? (1000 characters max)

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1. Given that this Programme is looking to help companies build collaborations and partnerships, are there any specific companies, universities or other organisations you would be keen to meet with as part of the Programme? If so, please state why. (1000 characters max)

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1. What does your business want to gain by participating in this Global Business Innovation Programme? How are you going to grow and scale your business as a result of participating in the Programme? (1000 characters max)

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1. What do you see are your main barriers to innovation and/or internationalisation? (1000 characters max)

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1. How are you going to embed the knowledge gained from this Programme into your business? E.g. Resources, strategies, budgets, etc. (1000 characters max)

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1. Please highlight if you have previously participated in a Global Business Innovation Programme or benefited from other Innovate UK programmes or funding or support through Innovate UK EDGE (previously known as Enterprise Europe Network) If you have, please indicate how you have exploited the involvement. (1000 characters max)

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

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| **Yes****No***Delete as appropiate* |

1. If yes, please provide the details in the box below by using the following format: Year/ Funding Body/Purpose/Amount. If no, please write n/a\*

|  |
| --- |
| **Year****Funding Body****Purpose****Amount** **Or N/A***Delete as appropiate* |

**Equality, Diversity and Inclusion survey**

1. Do you consider yourself to have a disability?

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| --- | --- | --- |
| **Yes** | **No** | **Prefer not to say** |

If yes, please specify below

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|  |

1. Do you have any caring responsibilities? If yes, please tick all that apply

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

1. What is your religion or belief?

|  |  |  |
| --- | --- | --- |
| **No religion or belief** | **Buddhist** | **Christian** |
| **Hindu** | **Jewish** | **Muslim** |
| **Sikh** | **Prefer not to say** | **If other religion or belief,** **please write in:** |