THE GRADUATE ENTREPRENEURSHIP PROGRAMME

APPLICATION FORM 2014

1. Personal Details

|  |  |
| --- | --- |
| For group entries please put in the contact details of the Team Leader | |
| Title |  |
| First Name |  |
| Surname |  |
| Address |  |
| Telephone  Number |  |
| e-mail address |  |

Additional Group Members

|  |  |
| --- | --- |
| Group Member (2) | |
| Title |  |
| First Name |  |
| Surname |  |
| Address |  |
| Telephone  Number |  |
| e-mail address |  |

|  |  |
| --- | --- |
| Group Member (3) | |
| Title |  |
| First Name |  |
| Surname |  |
| Address |  |
| Telephone  Number |  |
| e-mail address |  |

|  |  |
| --- | --- |
| Group Member (4) | |
| Title |  |
| First Name |  |
| Surname |  |
| Address |  |
| Telephone  Number |  |
| e-mail address |  |

1. What skills do you have as a promoter / team leader to bring your idea to fruition?

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1. About your Product

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| i. Name of your product: |
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ii. Describe your idea in under 500 words (attach separate sheet)

iii. Drawing (s) of idea attached (optional) Yes No

iv. Photograph(s) attached (optional) Yes No

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| v. What inspired you to come up with your idea? |
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| vi. What makes your idea innovative / original? |
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| vii. Explain the competition you will face |
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| viii. Why do people need your product/service? |
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| ix. Who is your target market? |
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| x. Have you applied for a patent/design registration? If yes, please specify |
|  |

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

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

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

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

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

CLOSING DATE FOR COMPLETED APPLICATION FORMS:

COMPLETED APPLICATION FORMS TO BE RETURNED BY EMAIL TO:

[trisha.carrick@gmit.ie](mailto:trisha.carrick@gmit.ie) BY 3:00 P.M., FRIDAY, 4TH JULY 2014.

SHORT-LIST OF PARTICIPANTS AVAILABLE ON FRIDAY, 25TH JULY 2014

(NO HANDWRITTEN APPLICATIONS ACCEPTED)