

# VIRTUAL BUSINESS SUPPORT PROJECT

## Supporting start-up businesses in North Norfolk

Please return this form to: Merchants' Place, 16 Church Street, Cromer, Norfolk, NR27 9ES

Date..... Person dealing with enquiry/form .....

The Virtual Business Support project is delivered by North Norfolk District Council to supply training towards starting up in business or being self employed. It will be run for the benefit of residents of North Norfolk. The information you have provided is confidential. We keep it in order that we can keep in touch with you and also to provide statistical data to our funders. We will hold your information until end of 2011, when you will either be contacted or your details will be archived until 2015.

### General Details:

Name: .....  
 Address: .....  
 Telephone: ..... Mobile: .....  
 Email: ..... National Insurance Number: .....

### Business Details

What precisely will / does your business do?			
Total number of all staff?			
Type of business:			
<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Private limited company	
<input type="checkbox"/> Association	<input type="checkbox"/> Other (specify)		
Date your business will commence / commenced trading:			
VAT Registration No. (if applicable):			
Turnover for previous financial year:		Current year:	
Please indicate the category which best represents your business sector / cluster:			
<input type="checkbox"/> Tourism and Leisure	<input type="checkbox"/> Arts, Culture and Crafts	<input type="checkbox"/> ICT	
<input type="checkbox"/> Fishing and Food Processing	<input type="checkbox"/> Care	<input type="checkbox"/> Other	

Do you work from home? YES / NO      If yes, how do you see yourself expanding?

Virtual Business Support Project Team  
 Merchants' Place  
 Church Street  
 Cromer NR27 9GW



**Qualifications:****What is your current level of Qualifications?**

<input type="checkbox"/> None	<input type="checkbox"/> NVQ1/entry level (or equivalent)	<input type="checkbox"/> NVQ2/GCSE O Level (or equivalent)	<input type="checkbox"/> NVQ3/A Level (or equivalent)
<input type="checkbox"/> Not Known	<input type="checkbox"/> NVQ4/Degree (or equivalent)	<input type="checkbox"/> NVQ5/ Postgraduate (or equivalent)	<input type="checkbox"/> Other (specify):

**Do you think you belong to any of the following groups?**

<input type="checkbox"/> Ex-offenders	<input type="checkbox"/> 13-17 year olds in danger of being excluded from school
<input type="checkbox"/> Homeless	<input type="checkbox"/> People returning to labour market
<input type="checkbox"/> Refugees	<input type="checkbox"/> Lone parents
<input type="checkbox"/> Asylum Seekers	<input type="checkbox"/> People living in rural areas
<input type="checkbox"/> Ex drug or alcohol misuser	

**How did you hear about us?**
 Word of Mouth     Flyer     Poster     Radio/TV

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Referral from (please specify)	<input type="checkbox"/> Other (please specify)
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**Economic Status:**

<input type="checkbox"/> Full Time employed	<input type="checkbox"/> Part Time employed
<input type="checkbox"/> Unemployed or out of labour market under 6 months	<input type="checkbox"/> Unemployed or out of labour market 6 to 11 months
<input type="checkbox"/> Unemployed or out of labour market 12 - 23 months	<input type="checkbox"/> Unemployed or out of labour market 24 to 35 months
<input type="checkbox"/> Economically Inactive in Further Education	<input type="checkbox"/> Unemployed or out of labour market over 36 months
<input type="checkbox"/> Economically Inactive Other	

**Beneficiary Declaration**

Please can we have your permission to keep your details on our database? This permission is required by the Data Protection Act. I declare that the details given on this form are true to the best of my knowledge, and that I give my permission for you to hold my details as outlined above.

Signed..... Date:.....

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**Office use only**

Project Eligibility Check:    Resident     Work   
 Data Entered  
 Data Checked

# VIRTUAL BUSINESS SUPPORT PROJECT

## Supporting start-up businesses in North Norfolk

### Equal Opportunities Monitoring Information

The Council will not discriminate against any person because of age, disability, health, language, marital, family or personal circumstances, material status, nationality or citizenship, political opinion, religion or belief, race or ethnic origin, sex or gender, sexual orientation, social class, unrelated criminal convictions, or any other condition or requirement which cannot be shown to be justifiable.

### Monitoring Forms

We are required to monitor and report on the implementation and performance of our Equal Opportunities Policy. Monitoring data is also used for the purpose of equality impact assessments, but not to identify individuals. You do not have to answer all of the questions on the form if you do not wish, however all information is confidential and we encourage you to answer as many of the questions as possible.

All the information contained in this form will be used for the purposes of project monitoring only. It will be treated as strictly confidential. Please complete the information below and return it with your application.

<b>Full Name:</b>
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**Gender:**     Female    Male

<b>Date of Birth:</b>	<b>Age Range:</b>	<input type="checkbox"/> 16-25	<input type="checkbox"/> 26-49	<input type="checkbox"/> 50+
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**Do you have a disability\*?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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\*The Disability Discrimination Act 1995 defines disability as 'a physical or mental impairment which has a substantial and long-term adverse effect on a persons' ability to carry out normal day to day activities'.

### Ethnic group

<input type="checkbox"/> White British	<input type="checkbox"/> White Other	<input type="checkbox"/> Mixed white and Black Caribbean	<input type="checkbox"/> Mixed white and Black African
<input type="checkbox"/> Mixed white and Asian	<input type="checkbox"/> Mixed Other	<input type="checkbox"/> Asian or Asian British-Indian	<input type="checkbox"/> Asian or Asian British-Pakistani
<input type="checkbox"/> Asian or Asian British-Bangladeshi	<input type="checkbox"/> Asian or Asian British - other	<input type="checkbox"/> Black or Black British - Caribbean	<input type="checkbox"/> Black or Black British - African
<input type="checkbox"/> Black or Black British - Other	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say

<p><b>Declaration</b> I understand that the information I have supplied above is correct to the best of my knowledge. The data may be used for reporting and monitoring purposes and I consent to the data being held and used for these purposes.</p> <p>Signed..... Date:.....</p>
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