**APPLICATION FORM**

Confine your answer for each question to a maximum of 150 words. Evidence in excess of 150 words will not be taken into account

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| --- |
| **Name** |
| **Address:**  |
| **Telephone:**  |
| **Email:**  |
| **How do you rate your English language skills?**  |
| **Spoken** **Written** | **basic working knowledge fluent****basic working knowledge fluent** |
| **What other languages do you speak?** |  |
| **Educational Background** **(Please list any post high school qualifications you have)**  |  |
| **Do you have a disability that you would like to tell us about? Is there any extra help you would require if you received a place on this workshop? Please list.**  |  |
| **Which sector do you currently work in?**  |
| **Please describe your business or business idea if you haven’t started it yet. 150 words.**  |
| **What do you love about your business or business Idea?**  |
| **What have you done about starting to work in the sector (if not already started?)**  |
| **How many years have you been working on your business if you have started already?** |
| **How would you use your talent or ideas to make money?** |
|  **What do you need (other than money) to help you build your business idea? (Skills, People, Knowledge Etc)** |
| **What do you expect to get out of this course?** |
| **If you’re taken onto this project, what could you teach us?** |
| **All the most successful entrepreneurs and businesses have taken risks and failed. What risks have you taken?** |
| **What did you learn from taking this risk?** |
| **Thinking about any creative work you do now - Who helps you and how?** |
| **How much income have you made in the past 6 months from your creative business? (if any)**  |
| **Where would you like your career to be to be in 5 years?** |
| **What might stop you from achieving your goals?**  |

All forms should be filled electronically (do not scan) and submitted on or before 27 September 2015 to: tarek@iact-eg.org

Successful candidates will be notified by: **1 October 2015**

For any enquiries please e-mail: tarek@iact-eg.org

I confirm that all the information provided is true to the best of my knowledge and I will be available to attend all the activities on the dates as specified above.

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Signature Date