

Application Form:

Name: _____

Company/Business Name: _____

Business Registration No: _____

Business Tax No: _____

Address: _____

Tel: _____ E-Mail: _____

Fax: _____

No. of years in business: _____ No. of employees: _____

Nature of business: _____

Do you have Internet Access? Yes _____ No _____

Do you have your own web site? Yes _____ No _____

Website Address: _____

Please detail any previous I.T. training which you or your staff have undergone:

Please return completed Application Form to:

Waterford City Enterprise Board Ltd. Enterprise House, New Street, Waterford.

Tel No: 051 852883

Fax No: 051 877494

E. Mail: info@waterfordceb.com

Which of the following types of training and/or grant assistance are you interested in:

Tick as appropriate

Training Programmes:

- Introduction to Computers:
- ECDL:
- Promoting your website to generate income:
- Other (please specify) _____

Waterford City Enterprise Board Ltd. runs inhouse training programmes in the areas listed above. Please tick the training course(s) that you are interested in. We will enter your details on our database and contact you to inform you about upcoming courses.

How would you best describe your training/mentoring needs in relation to e-business?

4. Grant Assistance:

- Domain name registration:
- Website Hosting:
- Specialist Software:
- E-commerce software:
- Website Development:
- Website Promotion:

What are your future plans for your business in relation to e-commerce?

Signed: _____ **Date:** _____

To qualify for this grant the monies must be spent within the E.U.

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