



school for
social
entrepreneurs

APPLICATION FORM

INCUBATOR PROGRAMME 2014

NOTE:

Programme Start Date is April 4th

Closing Date for Applications is 11am Monday, March 17th

Places are limited and allocated on a rolling basis – so we encourage you to apply early

Please return your application form to info@sseireland.org

If you have any questions please contact us on info@sseireland.org

SSE Ireland treats all the information in this form as confidential, subject to our data protection statement (see last page)

CONTACT INFORMATION

First Name:

Family Name:

Middle Name:

Date of Birth:

Preferred First Name if different:

Gender:

Postal Address:

No/ Street

Town/Area:

City/County:

Country:

Permanent Address (if different):

Fixed Line Phone Number:

Mobile:

E-mail address**

How did you hear about the programme?

Interviews are held on a rolling basis as we receive applications – so apply early!

Interview date availability – please select all that apply

Wednesday 19th April []

Wednesday 13th March []

Wednesday 26th April []

Friday March 21st []

Wednesday 5th March []

Saturday March 22nd []

Wednesday 12th March []

** Please provide us with a permanent email address that you access regularly – this will be our primary means of contacting you

ESSENTIALS

Please confirm and complete the following with a Yes or N

I am aged 18 years or above	YES / NO
I am a resident in Ireland	YES / NO
I am the social entrepreneur leading the project / organisation	YES / NO
If my project is working with children or vulnerable adults, I understand that I will need to Secure Child Protection Clearance and/or appropriate Garda Vetting	YES / NO
I am prepared to work on my project for 2 days (or more per week) on average	YES / NO
I am able to attend the Programme Induction on April 4th & 5th	YES / NO
I am committed to attending the full SSE Ireland Incubator Programme <small>(commitment of 17 days)</small>	YES / NO
<i>(Note: At least an 80% attendance is required in order to graduate)</i>	
I am open to the learning and development opportunities provided by the programme.	YES / NO

You must be able to answer no to the following

Are you barred from acting as a company director or charity trustee?	YES / NO
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ABOUT YOUR PROJECT / IDEA

Help Text: Imagine you are describing your project to a friend who knows little about your field of work. Try to answer who, what, where?

Please summarise your project / idea in one sentence

Please describe your idea / project? (150 words max)

Briefly describe your role in the social enterprise. Are you A) leading the establishment of a new enterprise or B) innovating from within an established organisation (private/public/community)? (please tick one only)

If you answered B, please outline what level of organisational support you have to pursue the social enterprise including what autonomy you have for decision-making. (150 words)

Do you consider the project / organisation to be a partnership with someone else (Y/N). If yes, who is your partner and what is their role in this project organisation? (100 words)

Who/what are the target beneficiaries of your project? (please select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> A community of professional practice | <input type="checkbox"/> People with alcohol, drug or substance abuse issues |
| <input type="checkbox"/> A particular geographic community | <input type="checkbox"/> People with disabilities |
| <input type="checkbox"/> Animals | <input type="checkbox"/> People with mental illness |
| <input type="checkbox"/> Disadvantaged children | <input type="checkbox"/> Prisoners and ex-offenders |
| <input type="checkbox"/> Disadvantaged men | <input type="checkbox"/> Remote or rural community |
| <input type="checkbox"/> Disadvantaged women | <input type="checkbox"/> Unemployed people |
| <input type="checkbox"/> Elderly people | <input type="checkbox"/> Workers or producers |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Young people |
| <input type="checkbox"/> Families | <input type="checkbox"/> Other organisations |
| <input type="checkbox"/> Homeless people | <input type="checkbox"/> Other, please add |
| <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender people | |
| <input type="checkbox"/> Migrants, refugees, or asylum seekers | |


What is your connection to this community and/or issue?
Please describe in brief why this matters to you? (200 words)

How do you know that there is a need for your enterprise or that there is a viable opportunity? (200 words)



Help Notes : (Please help us understand the size and importance of this need. Have you tested your ideas out or done any research? Or maybe you have direct personal experience of the issue – you may tell us more here if you wish.)

How many, and what type of service / activities / products do you have at present? (If none at present, please indicate what is in development.) (150 words)



If you have already started – please tell us what you have achieved so far and tell us about any success. (150 words)



PROJECT / IDEA PROFILE

Please note the information in this section is used to help us design the best course for the participants. It is not used to assess candidates.

At what stage is your social enterprise? (please select the option which best describes)

- Dreaming** *Experiencing an awareness of the social need and conceiving an innovative idea to meet that need.*
- Exploring** *Beginning to test idea through market research, identifying stakeholders, and considering ways to generate income. Moving into action – project planning.*
- Piloting** *Testing product or service, establishing feedback mechanisms, receiving feedback, revising the concept or product.*
- Starting Up** *Attracting staff or volunteers, establishing stakeholder agreements and commitments, identifying clear measures of success and selecting evaluation mechanisms, finding a venue, finding initial market, establishing initial funding, communicating to stakeholders, launching, forming governance structures, refining concept, revising business plan and legal structure.*
- Growing** *Expansion to new markets/audiences or new products, developing new partners, funding &/or income streams, and systems & processes, building staff and resources, demonstrating early start up success & tangible impact through evaluation, building public profile, conducting business/growth modelling*

What is / will be the geographical location(s) of your project?

Local Area/ Town,

County

Country

Is your venture currently in operation?

YES / NO

What is the current legal status of your project?

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Company limited by guarantee |
| <input type="checkbox"/> Sole trader | <input type="checkbox"/> Company limited by shares |
| <input type="checkbox"/> Unincorporated association | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Incorporated association | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Other. Please Specify: _____ |

Does your venture employ paid staff?

YES / NO

If yes, please indicate a number including yourself if paid:

Full-time:

Part-time:

If you have part-time staff, how many hours of work per week

do you provide in total (all part-time staff included)?:

Does your venture engage volunteers?

YES / NO

If yes, please indicate a number:

Full-time:

Part-time:

If you have part-time volunteers, how many hours of volunteer work

per week do you use in total (all part-time volunteers included)?:

What income has your venture generated, or what budget have you worked with in the past twelve months?

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N/A

What is the current income mix of your venture? (Please indicate as a percentage)

N/A

Earned income/Trading % _____

Grants / Donations

Philanthropic trusts and foundations % _____

Government programs % _____

Individuals % _____

Contracts % _____

Other, please specify _____

Do you have a business plan at any stage of development?

Yes (If yes, please submit a copy with your application)

No (Support is provided through the program to develop a business plan)

Please indicate if you have any of the following other business practices already in place:

Business Plan

Documented policies & procedures

Health and Safety

Recruitment

Environment

Equal Opportunities

Budget forecasting

Regular income/expenditure report

Evaluation or measures of its impacts in relation to your ventures mission

Formal networking with other businesses

Comparison of performance with other businesses

ABOUT YOU

Why are you so passionate about this issue that you are willing to take the risky step of starting an project/ organisation in 2014? (200 words)

Help Notes: Please share your main reasons / motivations for setting up or being involved with this project and the people it serves. Why is this the right time? What led you to this point?

Please provide one or two examples of your ability to adapt and overcome challenges and adversity. What did you learn from the experience?

Help Notes: Describe a time in your life (personal and/or professional) when you were faced with a challenge – how did you deal with the situation you can even highlight a time you failed.


What skills or experiences demonstrate you will be able to attract people, and other resources to your organisation?

Help Notes: Provide us with examples that show (could be within your current venture) when you have engaged people, friends, volunteers or family members around a project, any monies you have raised or resources you have secured.

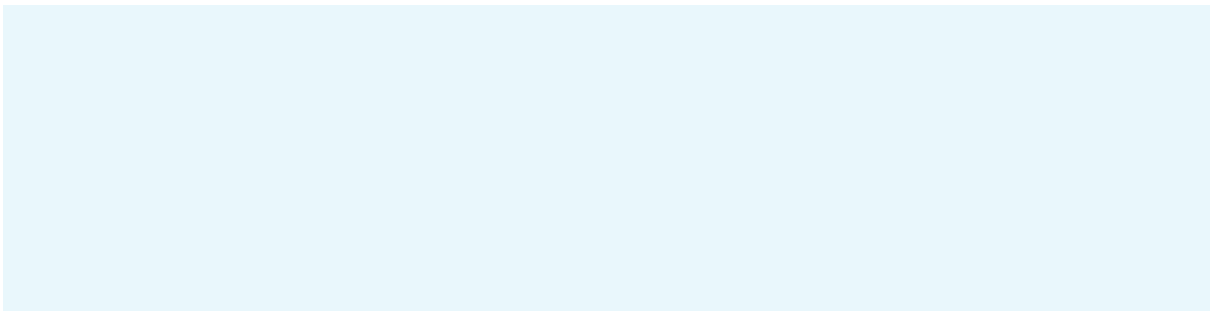
Anything else you think is relevant

You might like to include previous experience or qualifications you may have and what you are currently doing

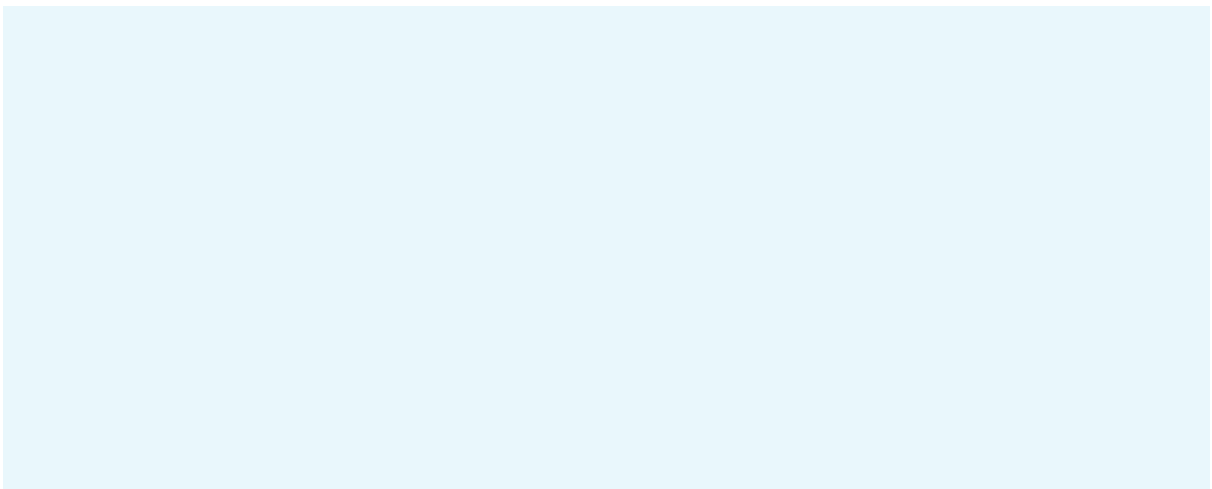
(Please highlight anything you think is relevant to this project) (200 words)



If you have a website or link to any online videos or media please include here (two links max)



What would you like to gain from the programme? (150 Words Max)



Help Text: This is to help us tailor the programme to your needs.

Data Protection

The School for Social Entrepreneurs Ireland is the data controller for the purposes of the Data Protection Act 1998. Please contact Social Entrepreneurs Ireland at info@sseireland.org if you have any queries relating to the use of your data.

By completing this application form you are agreeing that The School for Social Entrepreneurs Ireland may use the information you provide in order to process your application. While processing your application the information you provide may be made available to members of evaluation and interview groups chosen by The School for Social Entrepreneurs Ireland. We may also use the information you provide on this form to contact you about the Social Entrepreneurs Ireland Awards Programme and your application.

If your application is shortlisted, you are agreeing that Social Entrepreneurs Ireland will be able to publish your name, project name and project details, and to announce that you have been shortlisted for Social Entrepreneurs Bootcamp, or for the Finalists' Programme.

If your application is successful we will retain it for as long as you remain a member of our awardee or alumni networks. We will also retain information on your project as submitted by you to Social Entrepreneurs Ireland and as contained in other publicly available printed and electronic form for as long as you remain a member of our awardee or alumni networks. In the event of you leaving both the awardee and alumni networks we will delete all information regarding you, your project and your application in a secure manner, save for a summary of your project for which we will retain the right to publish in either printed or electronic form as a historical record of our awards.

If your application is unsuccessful we will delete it in a secure manner within one year of the completion of the application process.

I have read and accept the conditions of the above Data Protection Statement.

Declaration

I hereby confirm that I have completed this application myself and that all information within is accurate and correct to the best of my knowledge.

Name:

Date:

Instructions to submit your application

Save your completed form file called <your surname>_ <your first name> (e.g. smith_john).

Send completed form by e-mail to info@sseireland.org to arrive by **11:00am Monday March 17th**

You are encouraged to submit your form ahead of this deadline, to give us the maximum opportunity to consider your application.

Thank you for your interest and taking the time to apply.

We looking forward to learning more about you and your project.

*Colman Farrell
Lyinda Stopford*