



GOLDSMITHS' BUSINESS GROWTH PROGRAMME APPLICATION FORM

SECTION 1 – OVERVIEW

The Business Growth Programme at the Goldsmiths' Centre, generously funded by the Goldsmiths' Company, is designed to support you to become a game-changer in the industry through expert-led challenging and in-depth modules tailored to your needs. The six modules will explore a range of advanced business skills, including:

- Defining your brand
- On and offline marketing strategy
- Advanced selling skills
- Negotiation skills
- Leadership behaviours
- Advanced communication skills

SECTION 2 – ENTRY REQUIREMENTS

We are seeking applicants who demonstrate creativity, energy, drive and enthusiasm for growing their business. We are open to accepting applications from all areas of the jewellery, silversmithing and allied industries that meet the application criteria below:

- Entrepreneurs whose business has been running over 3 years
- Business owners or managers looking to instigate significant change in their business
- Business owners or managers planning to grow the business
- Have a clear business idea, product concept and creative direction
- Prepared to commit to the full programme of business, creative and/or product development including the implementation of specific business practices
- Prepared to share with the team your personal and business finances
- Able to provide 2 professional references as requested on the form supplied

If you do not meet these criteria, but you are still interested in receiving training and support for your business or business idea, please contact our Professional Training team and email professionaltraining@goldsmiths-centre.org or call **020 7566 7650**

SECTION 3 – APPLICATION PROCESS

The application is a two stage process.

Stage 1 requires you to complete and return the following:

- The Business Growth Programme Application Form
- 2 completed professional reference forms
- An up to date CV

Application Submission

The deadline for submitting your application form is **Sunday 19 March 2017**. Please return your application form by email to professionaltraining@goldsmiths-centre.org or post your application to:

Goldsmiths' Business Growth Programme
The Goldsmiths' Centre
42 Britton Street
London EC1M 5AD

If you have any questions, please contact our professional training team on 020 7566 7650 or email professionaltraining@goldsmiths-centre.org

Stage 2 Successful applicants, who have submitted an application form and meet the entry requirements, will be invited for a panel interview in April 2017. You will be given the opportunity to talk about your aspirations for your business and as an entrepreneur.

Following the interview successful applicants will be contacted by the Professional Training team to offer them a place on the programme. On receipt of your acceptance letter and payment of £600 (+VAT), the Goldsmiths' Centre will send you a confirmation letter confirming your acceptance on the Business Growth Programme and further information.

Unsuccessful applicants will be notified by email at each stage and feedback will be provided if requested.

SECTION 4 – YOUR APPLICATION

SECTION A: PERSONAL INFORMATION	
Title	
Forename(s)	
Surname	
Nationality	
Correspondence Address	
City	
Postcode	
Email Address	
Personal Landline	
Mobile Number	
Business Website	
Business Social Media	

SECTION B: YOUR INTEREST IN THIS PROGRAMME	
<i>Please select criteria which apply to your interest in the programme.</i>	
<input type="checkbox"/>	I am the owner of or manager within a business and I am

A		looking to grow this significantly
B		I am the owner of, or manager within a business and I am looking to grow this significantly
C		I am an established industry professional and I am looking to establish my own business
D		I am an established industry professional and I am aspiring to become an owner of or manager in an existing business

If you ticked A or B above, please complete *Section C: Your Business Details*, otherwise go to *Section D: What you want to achieve*.

SECTION C: YOUR BUSINESS DETAILS	
Company name	
Registered Business Address	
Postcode	
Surname	
Nationality	
Registered Business Address	
City	
Postcode	
Email Address	
Telephone Number	
Mobile Number	
Date of Incorporation (if a Limited Company), or date started trading (if sole trader)	
Company Registration Number (if Limited Company)	
VAT Registration Number (if applicable)	
What position do you hold?	
Names of Directors (if a Limited	

Company)	

WHAT IS YOUR COMPANY STATUS?

Please tick as appropriate.

	Not registered business		Partnership
	Sole Trader / Sole Proprietorship		Limited Liability Partnership
	Joint Venture		Private Limited Company

DOES YOUR BUSINESS SELL TO OTHER BUSINESSES, END CONSUMERS, OR BOTH?

Please tick as appropriate.

	B2B
	B2C
	Both B2B and B2C

HOW MANY PEOPLE DOES THE BUSINESS EMPLOY INCLUDING YOURSELF?

By 'employ' we mean the people who are on the payroll for whom the business submits PAYE/NI returns.

	0 – 1		10 – 24
	2 – 4		25 – 49
	5 – 9		50+

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	0 – 1		10 - 24
	2 – 4		25 - 49
	5 – 9		50+

SECTION D: WHAT YOU WANT TO ACHIEVE

Please answer questions in as much detail as possible to help the Selection Committee arrive at an informed decision. It is important to answer the questions in the context of the options in Section B: Your Interest in the Programme.

Tell us about your business – products or services, customers, unique selling points.

Tell us about the plans and ambitions you have for yourself or the business over the next three to five years

How would you measure your success and its impact on the business (e.g. increased headcount, turnover, profitability etc.)?

What are the current barriers to the success of your business and how do you think this programme could help you to overcome them?

As the programme is heavily subsidised by the Goldsmiths' Company, and places are limited, please tell us why you should be selected and how the success of your business/business idea will also benefit the industry.

SECTION E: YOUR EDUCATION, TRAINING & EXPERIENCE
Please indicate relevant qualifications, training and industry experience, including how many years you have worked in the industry.
Please list any professional bodies that you are a member of.
In your current role, how many employees (if any) do you manage on a daily basis?

SECTION 5 – YOUR DECLARATION

I state that I have/ the business I am applying on behalf of has the ability to pay all training fees and that I am authorised to make this application.

I know of no lawful reason why I cannot operate a business in the United Kingdom and I am aware that the Goldsmiths’ Centre may check for any related entry on the Disqualified Directors Register at Companies House.

I certify that the information I have provided on this form is true and complete to the best of my knowledge and belief at this date.

Signature _____

Position _____

Date _____

PROFESSIONAL REFERENCE FORMS

To The Applicant

Please send the whole of this form with a self-addressed envelope to your 2 professional referees. 2 references are required.

To the Referee

The person requesting this reference is applying for the Business Growth Programme at the Goldsmiths' Centre. The Goldsmiths' Centre is an independent charity which is a hub for members of the jewellery, silversmithing and allied trades, the local community and the general public – a unique space in which to work, learn and relax.

The Business Growth Programme at the Goldsmiths' Centre, generously funded by the Goldsmiths' Company, is designed to support dynamic entrepreneurs to become game-changers in the industry through expert-led challenging and in-depth modules tailored to their needs.

We would appreciate your help in assessing the suitability of the applicant for the programme. Information supplied by referees provides an important input into the Selection Process.

When you have completed this form please return it to the applicant in the enclosed pre-addressed envelope. Alternatively you may send it direct to:

Business Growth Programme
The Goldsmiths' Centre
42 Britton Street
London
EC1M 5AD

Email: professionaltraining@goldsmiths-centre.org

Telephone: 020 7566 7650

SECTION A: APPLICANT'S CONTACT DETAILS	
Applicant's Forename(s)	
Applicant's Surname	
Business Name	
Business Address	
City	
Postcode	

SECTION B: REFEREE'S CONTACT DETAILS	
Referee's Forename(s)	
Referee's Surname	
Email Address (only to be used if more information is required)	
Telephone number (only to be used if more information is required)	
Organisation	
Position	

SECTION C: REFERENCE	
Describe the capacity in which you know the applicant.	
How long have you known the applicant?	
Total number of years:	

When did you last have regular contact with the applicant?	
Would you describe the applicant as trust worthy?	
Yes	
No	
Describe the applicant's strengths and weaknesses:	
Strengths:	Weaknesses:
If you worked with the applicant are they still with your organisation? <i>Please highlight as appropriate.</i>	
Yes	
No	
If not, when did he/she leave?	

Thank you for giving your time to complete this Reference. Your help in dealing with this promptly is greatly appreciated. Please note we will not normally invite the applicant to interview until we have received this reference form.

Signature

Name (Print)

Date
