



iSMART : SME ENROLMENT FORM

Name of organisation		
Company Number		
Is your company registered with HRMC for business tax?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How did you first learn about iSMART?		
Contact Name		
Position within organisation		
Address		
Postcode		
Telephone		
Fax		
E-mail		
Date of incorporation		
Nature of business (sector or type of business)		
Number of employees		
Do you have an Equal Opportunities Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a Health and Safety Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an Environmental Sustainability Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In order to receive support from the European Union you must meet certain requirements, would you please confirm the following about your organisation:		
Has fewer than 250 employees	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not more than 25%(50%*) of your organisation is owned by an enterprise that in itself is not an SME. (* If owned by the University which spun out the named organisation)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Annual turnover does not exceed €50 million or Annual balance sheet does not exceed €43 million	Yes <input type="checkbox"/>	No <input type="checkbox"/>



<p>Ethnic Origin How would you describe your cultural or ethnic origin? N.B. Please note that ethnic origin is not a matter of nationality, right of abode in the UK or place of birth. (tick one box only)</p>
<p>a. British <input type="checkbox"/> b. Irish <input type="checkbox"/> c. Any other white background (please specify):</p>
<p>a. White and Black Caribbean <input type="checkbox"/> b. White and Black African <input type="checkbox"/> c. White and Asian <input type="checkbox"/> d. Any other mixed background (please specify):</p>
<p>a. Indian <input type="checkbox"/> b. Pakistani <input type="checkbox"/> c. Bangladeshi <input type="checkbox"/> d. Any other Asian or Asian British background (please specify):</p>
<p>a. Black or Black British <input type="checkbox"/> b. Any other Black or Black British background (please specify):</p>
<p>a. Chinese <input type="checkbox"/> b. Any other Ethnic group (please specify):</p>

<p>Gender Please state your gender:</p>
<p>a. Male <input type="checkbox"/> b. Female <input type="checkbox"/></p>

<p>Age Please state which of the following age groups you belong to:</p>
<p>16 – 24 <input type="checkbox"/> 25 – 34 <input type="checkbox"/> 35 – 44 <input type="checkbox"/> 45 – 54 <input type="checkbox"/> 55 – 64 <input type="checkbox"/> 65 + <input type="checkbox"/></p>

<p>Disability Do you consider yourself to be a person with a disability as described by the Disability Discrimination Act 1995? i.e Do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities.</p>
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>



By completing this form you acknowledge and agree that the data contained within can be held on a computer and used for any purposes and disclosures as registered under the Data Protection Act 1998.

I certify that the information contained in this enrolment form is correct to the best of my knowledge	
Signed:	
Name in capitals:	Date:

For office use only:

I certify that the above organisation is eligible for ERDF support.	
This organisation has received _____ days of support.	
The estimated value of this support is £_____.	
Signed:	
Name in capitals	Date:

Please return this completed form to:

Gwent Paylor
iSMART
D.H.Lawrence Building
Nottingham Trent University
Clifton Campus, Clifton
Nottingham
NG11 8NS

