



BUSINESS INFORMATION FORM

Torbay Tourism Workshops



Business Name						
Business Address						
					Postcode	
	Website Address					
Contact Details	Telephone No					
	Mobile No					
	Fax No					
	Email Address					
Responsible Person	Please give full name:			Position		
Business Description	Eg. Hotel, Guest House, Restaurant or other (please give details):					
Business Status	Please delete as required:				No. of Partners / Owners	
	Sole Trader / Private Limited Company Public Limited Company / Partnership					
Employees	Total No. of Employees		Full Time		Female	
			Part Time		Male	
			Seasonal		Under 25	
					Over 50	
Specific Business Development Needs	Eg: Business Advice, Training, Information or other (please give details):					
Would you like to see a business advisor? YES <input type="checkbox"/> NO <input type="checkbox"/>						

FOR OFFICE USE ONLY			
Appointed Advisor	Please give full name:		Office Location
Business Development Priorities			
Industry SIC Code	Project Ref		TTW / Q1 - 2006
Completed By	Please give full name:		Date Completed

This activity has been directly or indirectly part-financed by the European Union through the European Social Fund - helping develop employment by promoting employability, business spirit, equal opportunities and investing in human resources.