**Management Catalyst (34R17P01600)**

**Application form**

Please complete all sections and return to:

Leading Growth, Teesside University, Vicarage Road, Darlington, DL1 1JW

or return via email to; Claire.Cook@tees.ac.uk

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| **BUSINESS DETAILS** | | | | |
| **Business Name:** |  | | | |
| **Business Reg Number:** |  | | | |
| **SIC Code (if known):** |  | | | |
| **Business Tel No:** |  | | | |
| **Business e-email/website addresses:** |  | | | |
| **Nature of Business:** |  | | | |
| **Legal Status:** | Public Limited Company (PLC) ❑  Private Limited Company (Ltd) ❑  Partnership ❑  Co-operative ❑  Social Enterprise ❑  Other ❑ (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Ownership (please tick):** | Independent ❑  Subsidiary ❑  Other ❑ (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Date business established:** |  | | | |
| **Last Recorded Turnover:** |  | | | |
| **Applicant Name:** |  | | | |
| **Job Title:** |  | | | |
| **Contact Mobile Number:** |  | | | |
| **Contact Email Address:** |  | | | |
| **Number of Employees:** | Male | Full Time: | Female | Full Time: |
| Part Time: | Part Time: |

**Company Addresses**

Please provide details of all company operating addresses **including postcode.** If your company is registered at an alternative address such as an accountants please provide the details.

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| **Registered Address:** |  | |
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|  | | Postcode: |

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| **Operating Address:** |  | |
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|  | | Postcode: |

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| **Operating Address:** |  | |
|  | | |
|  | | Postcode: |

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| **Does the company have any other trading names? If so please provide details:** |
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**About You**

Please complete all questions and continue on a separate sheet if necessary.

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| **Why would you like to join the Management Catalyst programme?** |
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| **Do you have leadership responsibilities for any staff? If so, how many?** |
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| **What do you consider to be your leadership and management strengths?** |
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| **What are your current leadership/management challenges?** |
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| **What do you hope to develop or change as a result of taking part in Management Catalyst?** |
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| **What are your growth aspirations? Where do you see yourself in 5 years’ time?** |
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| **How do you think the programme may be able to support you with these challenges?** |
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**Nominator / Sponsor**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position in Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Why do you wish to nominate this individual for Management Catalyst?** |
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| **What specific impact and/or changes would you like to see as a result of them taking part in the programme?** |
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| **Where did you hear about Management Catalyst?** |
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| **Declaration** |
| **I certify that the information given on this form is correct.**  **Delegate Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Nominator/Sponsor Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Thank you for your assistance in completing this form.**  **If your application is successful, you will be contacted and invited to attend an informal interview.** |

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| **For Office use only:** | |
| **Postcode/ward (Eligible Area)** |  |
| **SME/Credit Safe check complete?** |  |
| **Under 12 months?** |  |
| **Eligibility checked?** |  |