

Pre-Incubator Application Form

(Office use only)
Project No.:
Date:

Please fill in this form. If you run out of space, please add a separate sheet.

Student Name(s):
Student Number(s):
Course:
Year of Study:
Contact address:
.....
Telephone:
Email:

Name of Business:

Description of Business:
.....
.....
.....
.....

Background to idea (e.g. work already undertaken):
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.....
.....
.....

Market Research/Competition/Customers/Market size:
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Management, skills, time commitment:
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.....
.....

Financial Projections/Costing (*use separate sheet*):

Intended start date:

Timing/Milestones:
.....
.....
.....

What do you require the Pre-Incubator for?
.....
.....
.....

Signature(s):
Date:

Please return to SURE, Unit 1, Hilton House, Alloa FK10 3SA or email joy@sure-ltd.com