

Caithness Chamber of Commerce

George Bruce Young Entrepreneur of the Year Award 2024



STRONGER
TOGETHER

Nomination/Application Form

Personal Details

Title	<input type="text" value="Mr / Mrs / Miss / Ms / Other-state"/>		
Forename	<input type="text"/>		
Surname	<input type="text"/>		
DoB (DD/MM/YYYY)	<input type="text"/>		
Address	<input type="text"/>		
Post Town	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>
E-mail	<input type="text"/>		

Your Business Partner(s) / Co-Director(s)

(if applicable; if more than one please provide details of others on a separate sheet)

Title	<input type="text" value="Mr / Mrs / Miss / Ms / Other-state)"/>		
Forename	<input type="text"/>		
Surname	<input type="text"/>		
DoB (DD/MM/YYYY)	<input type="text"/>		
Address	<input type="text"/>		
Post Town	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>
E-mail	<input type="text"/>		

Business DetailsBusiness Name Legal Structure Address Post Town Postcode Telephone E-mail Website Date Trading Commenced (DD/MM/YYYY) Or Intended Start Date (DD/MM/YYYY) Number of Partners / Directors Number of Employees Projected Turnover for the first 12 months* Actual Turnover to date* ***a response is required to these questions**Have you worked with an Adviser to help you develop the business? Yes No If Yes, Name of Adviser Name of Organisation **Business Information**

*Please complete the following information in no more than 200 words for each section
(answers may be provided in bullet form)*

Describe Your Business

What does your business do/product/service/features/unique selling point.

Background - What inspired you to start a business?

Tell us about your inspirations, your idea and how it became a reality.

Personal Qualities - Tell us about yourself and how you make your business succeed.

Give examples of any successes, achievements or obstacles overcome.

Your Market - Why do customers choose your product/service?

Who are your customers, how do you reach them, who are your competitors?

Education & Training

Tell us about any work experience, qualifications or training you have taken

The Project for which you want the funding

Tell us about the project and why you want to win £500 for your business

If you were awarded the £500 how would you spend it.

Sign

Date

Return to: Caithness Chamber of Commerce, Naver Business Centre, Naver House,
Naver Road, Thurso, Caithness, KW14 7QA

By signing this form I understand that I am giving permission for the information I have provided to be used by Caithness Chamber of Commerce for the purposes of promoting the Young Entrepreneur of the Year Award and, should I win, for related purposes such as assigning seats at the Annual Dinner.

I understand that my details may also be shared with the sponsors of the Award and with the Master of Ceremonies at the Annual Dinner.