



SME ENROLMENT FORM

| Organisation Details | |
|--|--|
| Name of organisation | |
| Contact | |
| Position within organisation | |
| Address | |
| Postcode | |
| Telephone | |
| Fax | |
| E-mail | |
| Date of incorporation | |
| Nature 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"/> |

| Eligibility | |
|---|--|
| 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% of your organisation is owned by an enterprise that in itself is not an SME | 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"/> |



Equal Opportunities

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)

White

a. British b. Irish c. Any other white background (please specify):

Mixed

a. White and Black Caribbean b. White and Black African c. White and Asian
d. Any other mixed background (please specify):

Asian or Asian British

a. Indian b. Pakistani c. Bangladeshi
d. Any other Asian or Asian British background (please specify):

Black or Black British

a. Black or Black British
b. Any other Black or Black British background (please specify):

Chinese

a. Chinese
b. Any other Ethnic group (please specify):

Gender

Please state your gender:

a. Male b. Female

Age

Please state which of the following age groups you belong to:

16 – 24 25 – 34 35 – 44 45 – 54 55 – 64 65 +

Disability

Do you consider yourself to be a person with a disability as described by the Disability Discrimination Act 1995?

The Disability Discrimination Act (1995) defines disability as “a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities”.

For example: Physical impairment or mobility issues, a specific Learning Disability (e.g., Dyslexia, Dyspraxia) or a long-standing illness or health condition.

Yes No

Data Protection

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 would like to receive NVision’s monthly newsletter via email.

Yes No



Company Declaration

I certify that the information contained in this enrolment form is correct to the best of my knowledge

Signed:

Name in capitals:

Date:

The following section is for completion by NVision

Project Sponsors Declaration

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: