

DATE application sent *

Design & Crafts Council of Ireland (DCCol)

1-2-1 Mentoring Application Form

Please review pages 4 before completing document sections 1 through 5

All sections must be completed or application will not be accepted.

Section 1: Applicant Details

Name of Applicant

Craft & Design Discipline

Company/ Enterprise Name

Current Address

Phone

Email

Website

Are you registered with Design & Crafts Council of Ireland (DCCol)?

YES

NO

Please tick below previous DCCol programmes you have participated in:

1-2-1 Mentoring

Building Craft & Design Enterprise Programme

CPD Funding

Enterprise & Innovation Workshops

Creative Island

External Exhibitions Fund

Future Makers

FUSE Clinics

Other

Section 2: Education/ Training

Please give details of relevant qualifications and training. Include courses, training in a craft based discipline, or business development programmes.

Please put most recent qualifications first and any further details in the text box below.

Section 3: Business Details

Do you have a Business Plan? YES NO

If YES please include with application form

Number of years in business Number of Employees
Approx. Annual Turnover If Start Up please tick here

***Please note this information is for internal use only in DCCol and will not be shared.**

Please supply us with a description of your craft & design enterprise; please include product details, product market, customer profiles, current retailers/galleries/direct sales etc.

Section 4: Mentoring Details

Type of assistance required through mentoring:

Please tick ✓ box below, more than one if needed.

Business Development

Technical Craft Advice

Product Design and Development

Expand on type of mentoring assistance required; please be as specific as possible:

Please outline the impact you expect mentoring will have on your craft and design enterprise:

Criteria for Applications

- The Applicant must be a registered Design & Crafts Council of Ireland (DCCoI) Client.
- The application must be fit for purpose and clearly demonstrate the benefits of the proposed opportunity to the applicant(s).
- The application will not be accepted incomplete or without appropriate material included.
(Incomplete applications will not be accepted)

Guidance Notes

- A panel will assess applications.
- The client will be notified, following assessment as to whether their application was successful within no more than 4 weeks of application assessment.
- Each application is considered on its own merit and funding is allocated subject to availability. If your application is successful, you will receive an email of offer of support.
- A €25 administration fee will be charged to all applicants accepted for mentoring.

Section 5: Declaration

I have read the criteria, agree to be bound by them, and certify that the information in this application is correct to the best of my knowledge.

Name _____

Signature _____

Date _____

Checklist of Information required

- Completed Application Form (incomplete application forms will not be accepted)
- Images of Product Range (Min. 4 images)
- Business Plan (If available)

Applications are assessed on a rolling deadline on a bi-monthly basis.

Please return your completed form by email to innovation@dccoi.ie

Please ensure "1-2-1 Mentoring" is used in the email subject line.

OR return by post to:

Emer Ferran
Design & Crafts Council of Ireland
Innovation & Development Department
Castle Yard
Kilkenny

Tel: +353 (0) 56 776 1804 | Website: www.dccoi.ie/enterprise

For Office Use Only:

Assessed by Panel

Assigned Mentor

Information Added to CRM System