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**\*\*\* COMPLETE THIS FORM TO CHECK YOU SATISFY THE REQUIRED ELIGIBILITY CRITERIA \*\*\***

**Islington Business Resilience Support Programme**

**Eligibility Criteria**

To progress to the application stage, your organisation must meet **all** the following eligibility criteria. Please add Y or N to each row as appropriate.

|  |  |
| --- | --- |
| **Criteria** | **Y/N** |
| Trading for a minimum of 1 year and no more than 5 years. |  |
| A small or micro-business, i.e. employ 0-49 people. |  |
| Have a physical trading address in Islington (i.e., an operating or trading address in Islington from which the bulk of business activities take place), or a licensed pitch if a permanent market trader, and pay a regular (monthly) business mortgage, rent, or license fees. |  |
| Be registered on Companies House or the Charity Register or have a Unique Tax Reference (UTR). |  |
| Be the ratepayer, licensee, and/or have a legal agreement to occupy the property where applicable. |  |
| If a food business, be licensed by Islington Council and have a food hygiene rating of 3 or above. If not a food business, please put N/A. |  |
| Have no unresolved enforcement action taken by Islington Council in the last 12 months. |  |
| Be an independent business – national and international chains and Public Limited Companies (PLCs) are excluded (including subsidiaries, franchises and businesses owned by hedge funds). |  |
| Not an employee of Islington Council. |  |
| Business has the potential to demonstrate social impact and willingness to grow. |  |
| Will commit to attending workshops and consultancy support and sharing learning with other programme participants over the 6-month programme period. |  |

**Diversity Monitoring**

While all are welcome to apply, we strongly encourage applications from businesses led by those from Black, Asian and Minority Ethnic backgrounds, women-led businesses, or businesses led by those with a disability. Please complete the following questions so we can collect this information.

|  |  |
| --- | --- |
| What gender do you identify with?  *Please delete those which don’t apply* | o Male  o Female  o Non-binary  o Prefer not to say.  o Prefer to identify in another way |
| What is your ethnicity?  *Please delete those which don’t apply* | Asian/Asian British  o Indian  o Pakistani  o Bangladeshi  o Chinese  o Other  Black/Black British  o African  o Caribbean  o Other  Mixed/Multiple ethnic groups  o White and Black Caribbean  o White and Black African  o White and Asian  o Other  Other ethnic group  o Arab  o Other  White  o White British  o White Irish  o White EU  o Other  o Prefer not to say. |
| Do you have a disability?  A disability is if you have a physical or mental impairment that has a substantial, adverse, and long-term effect on your ability to carry out normal day-to-day activities. E.g.  o Physical impairment  o Learning disability  o Sensory impairment  o Mental health condition  o Neurodiversity e.g., Autism, ADD, OCD  o Long-standing illness (12months+)  o Other | Yes/ No |

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**\*\*\*ONLY COMPLETE THIS IF YOU SATISFY THE REQUIRED CRITERIA ABOVE\*\*\***

**Islington Business Resilience Support Programme**

**Application Form**

1. Please ensure you have self-checked your eligibility before completing this application.
2. Please read the Prospectus fully before completing this application.
3. Please complete every question, or your application may be ineligible.

**SECTION 1: Your Contact Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your name:** |  | | | | **Home address including postcode:** | | | | | |  | | | | |
| **Date of birth:** |  | **Your phone number**: | | | |  | | | | **Your email:** | |  | | | |
| **BUSINESS DETAILS (if applicable)** | | | | | | | | | | | | | | | |
| **Business name:** |  | | **Business registered address including postcode:** | | | |  | | | | **Business trading address including postcode:** | |  | | |
| **Business phone number:** |  | | | | **Business email:** | | | | | |  | | | | |
| **Business website:** |  | | | | **Social media accounts (list all along with account handles)** | | | | | |  | | | | |
| **Company/ Charity Number:** |  | | | **Date registered:** | | | |  | | | **Date started trading:** | | | |  |
| **Unique Tax Reference (UTR):** |  | | | | **Number of staff:** | | | |  | | **Number of volunteers:** | | |  | |
| **What is your income in the past 12 months?** | £ | | | | **Has your income increased or decreased since you started trading?** | | | | | |  | | | | |

**SECTION 2: Business Sector**

|  |  |  |
| --- | --- | --- |
| **What sector is your business in?**  *Please delete those which don’t apply* | * Arts * Construction * Creative * Education * Engineering * Finance and banking * Health * Hospitality * HR | * IT * Manufacturing * Marketing * Professional services * Research * Retail * Social care * Other (please state): |

**SECTION 3: Business Idea**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tell us about your business and what motivates you.**  *200 words max* |  | | |
| **What stage is your business at?**  *Please delete those which don’t apply* | 1. Ideation/conception/sustain/growth/innovation or decline 2. Bank account set up/Bank account application in progress/No account 3. Registered with HMRC/Registration in progress/Not registered 4. Formally constituted (e.g. with Companies House or Charity Commission)/Unincorporated association/Sole trader 5. Other – please state: | | |
| **What are your goals for developing and growing your business?**  *100 words max* |  | | |
| **Do you have a written business plan for your goals?**  *Yes/No (brief explanation why)* |  | **Do you have a written marketing plan?**  *Yes/No (brief explanation why* |  |
| **Who do you sell your services or products to?**  *100 words max* |  | | |
| **What challenges is your business facing currently?**  *100 words max* |  | | |

**SECTION 4: Business Investment**

|  |  |
| --- | --- |
| **Tell us the investment sources you have approached to support your growth plan (e.g. social funding (grants), social investment, mainstream investors (loans), trading, etc).**  *100 words max* |  |
| **Tell us the investment sources you would want to consider to support your growth plan.**  *100 words max* |  |

**SECTION 5: Declaration**

*I confirm that all the information provided in this form is accurate and true.*

**Full name and job title of person completing this application:**

**Date:**

**Signature [e-signature accepted]:**

**SECTION 5: Next Steps**

Email this application form and a copy of your recent annual accounts (if you have accounts) to [tara@actionforraceequality.org.uk](mailto:tara@actionforraceequality.org.uk).

Applications will be assessed according to the criteria and quality of applications and on a first-come-first-served basis until all 40 programme places are filled. We encourage you to submit your application as soon as possible to avoid disappointment. As the programme starts in September, we will be closing applications at **11:59pm on Friday the 23rd August 2024.**

**Data Protection Statement**

Action for Race Equality is the Data Processor and Islington Council is the Data Controller for the information you provide on this form. We will use your personal data to process your application for the Islington Business Resilience Support Programme. Your data will be kept securely and will not be shared with third parties without your consent, unless required by law. You have the right to access, rectify, or erase your personal data.

For further details and our policy please refer to our data protection page:

www.islington.gov.uk/about-the-council/information-governance/data-protection

https://www.actionforraceequality.org.uk/privacy-policy/