



PRE QUALIFICATION QUESTIONNAIRE

Organisation Information

Main Contact Name	<input type="text"/>
Job Title	<input type="text"/>

Organisation Name	<input type="text"/>
Abbreviation (if applicable)	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
Main Email	<input type="text"/>
Website	<input type="text"/>

When was your organisation founded?

Month Year

Which legal form best describes your organisation?

(Please mark all that apply)

Community/Voluntary Organisation	<input type="checkbox"/>		
Community Group	<input type="checkbox"/>		
Registered Charity	<input type="checkbox"/>	Charity Number	<input type="text"/>
Company Limited By Guarantee	<input type="checkbox"/>	Company Number	<input type="text"/>
Unincorporated Association	<input type="checkbox"/>		
Limited Partnership	<input type="checkbox"/>		
Community Interest Company (CIC)	<input type="checkbox"/>		
Charitable Incorporated Organisation (CIO)	<input type="checkbox"/>		
Part of larger regional/national Organisation	<input type="checkbox"/>		
Please state the Organisation	<input type="text"/>		
Don't Know	<input type="checkbox"/>		
Other (Please specify)	<input type="text"/>		

Which Professional Services would you be interested in applying for?

(Please mark all that apply)

Business Planning	<input type="checkbox"/>	Monitoring and Evaluation	<input type="checkbox"/>
Financial Assistance	<input type="checkbox"/>	IT help	<input type="checkbox"/>
Legal Requirement Support	<input type="checkbox"/>	Marketing Assistance	<input type="checkbox"/>

Agreement and signature

Thank you for taking the time to complete this pre-qualifying questionnaire.

Newlands Local Enterprise Limited complies with the Data Protection Act of 1998 and is registered with the Information Commissions Office. Our registration number is Z136333X.

Newlands Local Enterprise Limited operates in an open and transparent manner. The information contained within this form will be used to process an initial assessment of your organisations eligibility to access the full programme. This will not guarantee acceptance into the programme but may save you filling out a longer form in the event that your organisation is not eligible.

By signing this form, you agree to:

- Your details being used to contact your organisation regarding the second stage of the application process.
- The information being shared with the City of Bradford Metropolitan District Council, Yorkshire Forward and the European Commission.

We will never sell your information or distribute it beyond the organisations listed above.

www.newlandsenterprise.com

Print Name	<input type="text"/>
Sign Name	<input type="text"/>
Job Title	<input type="text"/>
Date	<input type="text"/>

For Internal use only

Officers Name	<input type="text"/>
Date Entered into database	<input type="text"/>
Registration Number	<input type="text"/>