



1. Position in your current/most recent business? (please tick one)

Owner	<input type="checkbox"/>	Shareholding Director	<input type="checkbox"/>
Director	<input type="checkbox"/>	Non Executive Director	<input type="checkbox"/>
Consultant	<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/>
Manager	<input type="checkbox"/>		

Please give brief details of your role within your current/most recent position, outlining any practical experience gained whilst working for the company?

2. Years in your current/most recent business? <1 1-5 5-10 10+

3. Which of the following best describes your main business sector experience?

Academic	<input type="checkbox"/>	Government	<input type="checkbox"/>
Agriculture	<input type="checkbox"/>	Non-profit (i.e., Fund Raising)	<input type="checkbox"/>
Advertising / marketing	<input type="checkbox"/>	High technology manufacturing	<input type="checkbox"/>
Biotechnology / Pharmaceuticals / Healthcare	<input type="checkbox"/>	Hotels / restaurants	<input type="checkbox"/>
Business Financial & Professional Services	<input type="checkbox"/>	Leisure / entertainment	<input type="checkbox"/>
Packaging / printing	<input type="checkbox"/>	Chemicals	<input type="checkbox"/>
Communications	<input type="checkbox"/>	Electronics	<input type="checkbox"/>
Computer software	<input type="checkbox"/>	Materials	<input type="checkbox"/>
Computer hardware	<input type="checkbox"/>	Property & construction	<input type="checkbox"/>
Cultural and creative industries	<input type="checkbox"/>	Transport	<input type="checkbox"/>
Education / training	<input type="checkbox"/>	Textiles / clothing	<input type="checkbox"/>
Food and Drink	<input type="checkbox"/>	Engineering	<input type="checkbox"/>
Furniture	<input type="checkbox"/>	Toys	<input type="checkbox"/>
		Tourism	<input type="checkbox"/>

(Please specify others not listed)



4. Which of the following core business areas do you have experience of?

(Please Choose **ONLY 3** of the options and rank them from 1 to 3 in descending order)

Research & Development	<input type="checkbox"/>	Procurement	<input type="checkbox"/>
General Management	<input type="checkbox"/>	Logistics	<input type="checkbox"/>
People Development / Training	<input type="checkbox"/>	Marketing	<input type="checkbox"/>
HR / Personnel	<input type="checkbox"/>	Sales	<input type="checkbox"/>
Finance (Accounting/Fund Raising)	<input type="checkbox"/>	Exporting	<input type="checkbox"/>
Public Relations	<input type="checkbox"/>	Product Development	<input type="checkbox"/>
Investor relations	<input type="checkbox"/>	Quality Assurance	<input type="checkbox"/>
Change Management	<input type="checkbox"/>	Strategic Planning	<input type="checkbox"/>
Program Management	<input type="checkbox"/>	ICT	<input type="checkbox"/>
Production/ Manufacturing	<input type="checkbox"/>	Wholesale distribution	<input type="checkbox"/>
E-commerce	<input type="checkbox"/>	Legal/Contracts	<input type="checkbox"/>
Retail	<input type="checkbox"/>	IP/Licensing	<input type="checkbox"/>
Co. Formation	<input type="checkbox"/>		

Please give one example for each option chosen on how you have applied these skills within your current/most recent business venture?

5. Do you wish to be a: (please tick one)

Interim Manager Ultimate Company Shareholder/Director Either of these

6. Have you or have you had any current or previous involvement in interim business management, either formal or informal?

Yes No

If YES, give brief details below:

7. Please describe below the personal skills you feel able to bring to interim Management

8. What do you think are one or two critically important attributes of a team and/or its participants?

9. How would you describe your level of computer literacy?

Non user basic confident advanced

10. Do you have professional indemnity cover? Yes No



11. At this stage, are there any specific considerations you would like us to bear in mind? E.g.

How much time could you allocate?

Personal access / mobility issues

Preferred geographical area

12. What stages of business set-up have you been involved in before?

Pre-start up Start up Early stage Established

13. How did you learn about the SUEL's Interim Management programme?

Press advertising	<input type="text"/>	Brochure or leaflet	<input type="text"/>
Attended presentation	<input type="text"/>	Personal approach from colleague	<input type="text"/>
Received direct mail	<input type="text"/>	Word of mouth	<input type="text"/>
Contact with SUEL	<input type="text"/>		
Other (please specify)	<input type="text"/>		

14. Data protection

SUEL will store information on registered Interim Managers and Ultimate Company Shareholder/Director and from time to time, will exchange information between and with Interim Management partners and other selected organisations that use Interim Managers and Ultimate Company Shareholder/Director. We undertake not to provide information to organisations that we feel is not acting in the best interests of Interim Managers and Ultimate Company Shareholder/Director or clients. By registering with SUEL, you agree to the use of information in this way.

I agree I disagree

15. Convictions

Have you been convicted of any criminal offence which is not 'spent' under the Rehabilitation of Offenders Act, 1974?

YES NO

If yes, please give details

16. Bankruptcy/Disqualification

Are you now, or have you ever been, bankrupt?

YES NO

If yes, Please provide evidence of your Bankruptcy Discharge Certificate

Have you ever been disqualified as a Director?

YES NO

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17. I declare that all statements made in this application are true to the best of my knowledge and belief.

Signature _____

Date _____

Please attach your current CV and return to:

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