



**THE FATE EMERGING ENTREPRENEURS PROGRAMME
(EEP)**

Application Form

GENERAL BACKGROUND			
Name			
Business Name			
Business Address			
Phone Number(s)			
Email Address (One please)			
Gender	Male	Female	
Marital Status	Single	Married	Other (specify)
How did you learn about FATE? (tick)	Brochure	Newspaper	Word-of-mouth
	in	Fliers	Radio.....
	Presentation	Other.....	TV
			Walk-.....

EDUCATIONAL BACKGROUND	
Highest Educational Qualification	
Name of Institution	
Graduation Date	

BUSINESS HISTORY	
How old is your business?	
What is your industry?	
Please describe the type of service/product that you offer in greater detail	
How many employees do	

you have?	
What was your last annual turnover?	
What would you say has been your business's strongest point so far?	
Your weakness has been?	

REFEREES	
<p>Please provide two referees.</p> <p><i>We encourage you to identify individuals who can attest to your level of discipline, work ethic, drive and entrepreneurial abilities</i></p>	<p><u>Reference 1:</u></p> <p>Name: Phone number: Address: Relationship to you: Number of years that you have known this referee</p>
	<p><u>Referee 2:</u></p> <p>Name: Phone number: Address: Relationship to you: Number of years that you have known this referee</p>

Please submit with your CV and one recent passport photograph

For EEP Coordinator's use only			
Action taken:	Taken <input type="checkbox"/>	Pending <input type="checkbox"/>	Not taken <input type="checkbox"/>
Assessment completed by:			
Date:			