**INCUBATION PROGRAM**

**APPLICATION FORM**

*Please feel free to share as little or as much information as you’d like under each question.*

**Your name:**

**Email address:**

**Phone number:**

**Where do you live?**

**Is your business also based in the same location? If not, where is your business located?**

**Business/concept name:**

**Is your business registered?**

☐ **YES**

☐ **NO**

**If yes, trading name:**

**If yes, ABN:**

**If yes, website link (if available):**

**Tell us about your business:**

**Why do you want to join ELP’s incubation program?**

**Why is this the right time for your business to get this support?**

**What are you most proud of achieving so far in your business?**

**Where do you see yourself in one year’s time?**

**Who is helping you with your business? This can be family, friends, local organisations, funders etc.**

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*Thank you for completing your application. Please email it to* hello@elp.org.au

*We’ll be in touch soon!*