**MENTORING 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 located in the same place? If not, where is it based?**

**Business/concept name:**

**Is your business already a registered entity?**

**☐ 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 mentoring program?**

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

**Tell us about your traction - what have you already achieved with your business?**

**What are you most proud of?**

**Tell us about your ambitions for your business. Where do you see it in one year’s time? Why do you want to achieve this?**

**Tell us about your network and supporters - who is helping you with your business? This can be family, friends, local organisations, funders etc. Who else have you asked for help?**

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

*We’ll be in touch soon!*