

Centre for Entrepreneurship **(CfE)** 11Toekoms Street,

 Upington Industrial Area

 Tel: 054 – 331 3268

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**CfE Entrepreneurship Skills Programme**

Application – 6 months Programme

**Please, note that your information will be kept CONFIDENTIAL and not be share with any other party without your consent.**

Who are you?

|  |  |  |
| --- | --- | --- |
| **Name & Surname** |  | **ID Number:** |
| **Physical Address** |  |
| **Contact number** |  | **Language Preference:** |
| **Email address** |  | **Facebook:** |
| **Preferred method of contact (tick)** | **SMS** | **Whats App** | **Email** | **Facebook** |
|  |  |  |  |

Do you qualify?

|  |  |
| --- | --- |
| **Age** |  |
| **Highest Qualification** |  |
| **Do you have a business idea? (Only Yes or No)**  |  |
| **Are you currently running an existing SMME?** **If yes is the business registered?** |  |
| **Do you have any funds to contribute to your business? If yes, what amount?** |  |
| **Do you have any entrepreneurial skills or experience? If yes, please specify.** |  |
| **Have you previously (or currently) done any qualification at a TVET College or at VUT?** |  |
| **Are you employed? If yes, permanent or casual?** |  |

How did you hear about the CfE? (Please, tick)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Website** | **Brochure** | **Pamphlet** | **Gemsbok**  | **Kalahari Bulletin** | **Radio Riverside** | **Municipal/ State Dept.** | **Word of mouth** |
|  |  |  |  |  |  |  |  |

**I hereby, confirm that I shall be available for workshops at the CfE for at least 2 days per week from June to November 2017.**

**Signature Date:**