



FLASH Registration Form

Business Details Section 1

Organisation Name (If you are a Sole Trader this must be your trading name)					
Company registration number or Charity registration number					
Main Contact details:	Title:	Name:	Surname:		
Position / Job title					
Address					
Postcode		London Borough			
Telephone Details:	Direct Tel:		Mobile:		
Email Address		Website			

Business Details Section 2

Year Organisation started trading:		Number of employees: (Full Time Equivalent)				
Company Activity Description (ie. what services and products do you provide?)						
Turnover (please confirm):	£50k or less	Between £51K and £250K		Between £251K and £1 million	Over £1 million	
Please tick the relevant box for your organisation:	Manufacturing & Design	Wholesale	Construction	Business Services	Environment	Other (please state)
Please tick the relevant box for your organisation:	Sole Trader/ Self Employed	Private Limited Company	Social Enterprise	Partnership	Other (please state)	

In accordance with the Data Protection Act 1998 we guarantee that information given on this form will not be used to discriminate against you in any way. Information will not be shared with any third party or used for any reason other than to measure the impact and success of this project. The London Development Agency is committed to ensuring that public funds are distributed equally so that all London's diverse communities can benefit from their work. Accordingly we would be grateful if you complete the following section.

Organisation Ownership Details (If a charity or social enterprise please interpret ownership to mean your trustees)

Is your organisation more than 25% owned by a Large Enterprise? (i.e. a company or Group with a combined turnover greater than £42 million or employing more than 250 people).

YES	NO	Other:	
Turnover (please tick to confirm):		Our enterprise's turnover does not exceed €50,000,000 (£ 44,520,589.54) as of 15/05/09	
Does the owner of the organisation have a disability or a health condition as defined in the Disability Discrimination Act 1995?* (This includes, but is not limited to, medical conditions such as diabetes, cancer, MS, asthma, mental health conditions, learning difficulties, mobility difficulties, hearing or sight impairments).			
YES	NO	Other:	

The FLASH project is keen to ensure full accessibility to the programme, if you have any specific requirements please let us know.

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How would you describe the gender ownership of your business?*

Male Majority	Female Majority	Equal Ownership	Prefer not to say
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How would you best describe the ethnic ownership of your organisation?*

A. White/White British		B. Mixed Race		C. Asian/Asian British	
White British		White & Black Caribbean		Indian	
White Irish		White & Black African		Pakistani	
Other White background		White & Asian		Bangladeshi	
		Other Mixed background		Other Asian background	
D. Black/Black British		E. Chinese/Other Ethnic Group			
Caribbean		Chinese		Prefer not to say	
African		Any other Ethnic Group			
Other Black background					

Knowledge Base Collaborations: Have you ever worked with a University to improve your business?

YES	NO	If yes please specify the	
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Data Protection & Sharing Agreement

The FLASH project will need pass the information on this form to the London Development Agency's European Programmes Monitoring Unit in order to access funding for activities. Please tick the box if you would NOT like your details to be used in the way (this would prevent you from receiving funded support through FLASH)	NO <input type="checkbox"/>
By signing the declaration below you agree to be approached to take part in surveys by mail and phone, which are aimed at enabling The Institute and its partners to monitor performance, improve quality and plan future provision. The information will be collected and used in accordance with the requirements of the Data Protection Act 1998 (DPA). Personal information will be anonymous wherever possible. Please tick the box if you would NOT like to participate	NO <input type="checkbox"/>
The FLASH project may wish to pass your details to project partners or delivery organisations working with us. Please tick the box if you would NOT like your details passed on. We will inform you of who these these organisations are at time of referral.	NO <input type="checkbox"/>

Marketing Data

How did you hear about us?	
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Declaration

1) Below is the amount of de minimis aid my business has received from any public sources during the last three fiscal years. This includes aid from all public source i.e. Central government departments, Local Authorities, TECs etc and include all types of aid e.g. loans, guarantees, grants, rent rebates or sale of land at less than best price.

Date of assistance	De minimis aid (£)	Small amounts of compatible aid (£)
Total		

2) I agree to participate in the FLASH project for a minimum of 12 hours.

Signed: Print name: Date:

Please return completed registration forms to your Network Manager

Name: Lauren Ormand
Address: National Federation of Roofing Contractors, Roofing House, 31 Worship Street LONDON EC2A 2DY

Note: Value of Prospective De minimis aid

The maximum prospective amount of de minimis aid under the European Commission's de minimis regulation (Commission Regulation (EC) No 1998/2006 of 15 December 2006 on the application of Articles 87 and 88 of the Treaty to de minimis aid, Official Journal L 379 of 28.12.2006) that your company will receive through the FLASH Project is £2,500. You will receive a report at the end of your involvement with the Flash project detailing how much de minimis aid you received.