

Talla na Mara

Pairc Niseaboist

Isle of Harris
HS3 3AE

A Company Limited by Guarantee - SC347176

Registered as a Charity in Scotland - SC041920

VAT Registration number - 188248760

**APPLICATION FOR LEASE OF BUSINESS UNIT**

*Please complete all sections. Should you run out of space for your answer, use the continuation sheet provided. Please type or print legibly in blue or black ink.*

**1.** **Lease Information.**

|  |  |  |
| --- | --- | --- |
|  Lease: |  | Lease of one 39.8m² workshop at Seilebost School. |

**2.** **Personal Details.**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Forename(s): |  |
| Address: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Postcode |  |  |
| Telephone: |  | *(Home)* |  | *(Mobile)* |
| Email: |  |

**3.** **Employment History.**

**Are you currently running a local business?**

|  |
| --- |
| **Yes** |
| Trading Name: |  |
| Trading for: | yrs. | mths |
| Please give a brief description of the business you are currently running and how you intend to use the opportunity at Seilebost School to complement or expand your business.  |
| **No** |
| Name & Address of most recent Employer: |  |
| Position: |  |
| Length of service: |  |
| Notice Required: |  |
| Please explain why you would like to start a new business and any experience, skills and personal qualities that will contribute to the success of your new venture. |

**4. Your use of the Business Unit.**

|  |  |
| --- | --- |
| **4A**  | Please provide information about how you intend to use the business space. Include any items you intend to produce. What makes your product different? Who is your products target customer. |
|  |
| **4B**  | Please include details about your working and production methods, the materials you use and any activities that could have an impact on other users of the School.  |
|  |
| **4C**   | Please give a brief outline of your anticipated working hours, length of season and general usage of the workshop. **Note**: No work permitted from the School on Sundays. |
|  |
| **4D**  | What is the actual or forecasted profit margin for your products and / services? |
|  |

**5. References**

|  |
| --- |
| Please name two referees, at least one of whom should have direct knowledge of your work experience and abilities.  |
| Name: |  | Name: |  |
| Address: |  | Address: |  |
|  |  |  |  |
|  |  |
|  |  |
| Postcode: |  | Postcode: |  |
| Occupation: |  | Occupation: |  |
| Telephone: |  | Telephone: |  |
| Length of Time Known: |  | Length of Time Known: |  |
| Please indicate any family relationship to current Directors or Employees of the Trust. This will not affect your eligibility for the workshop tenancy. |
| Name: |  | Relationship: |  |

|  |
| --- |
| **Criminal Convictions** |
| Do you have any criminal convictions or cautions which are not regarded as ‘spent’ under the Rehabilitation of Offenders Act 1974? | **Yes / No** |
| Have you been made bankrupt as an individual **or** run a company that has been dissolved? | **Yes / No** |
| Details: |  |

**10. Declaration.**

|  |
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| **I declare that the information given on this application form is to the best of my knowledge true and complete. I understand that the Trust reserve the right to verify all claims made in this application.** |
| Signed: |  | Date: |  |

**Please return all completed applications to:** Linda Armstrong

 West Harris Trust

 Talla na Mara

 Isle of Harris

 HS3 3AE

 Or linda@westharristrust.org

**The deadline for the receipt of applications is midday on Monday 14th January 2019. The Trust will assess all applications received and invite suitable applicants to discuss their proposals in further detail.**

**Continuation.**

|  |  |
| --- | --- |
| Question | Continuation |
|  |  |