**Shared Prosperity Fund**

**Trading Opportunity Request Form**

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| **Participant Name** |  | **Business Name** |  |
| **Email Address** |  | **Telephone Number** |  |
| **Business Address** |  | | |

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| **DETAILS OF TRADING OPPORTUNITIES** | | | | | |
| (Please provide details of the event(s) you wish to attend, including location, cost and benefit to the business. | | | | | |
| Event Name | Location | Date | Cost (£) | First Time Attending? | Reason for Attending |
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| **EXPECTED OUTCOMES** | | |
| As a result of receiving the support outlined above, I expect to achieve the following outcomes for my business (Please tick each box that applies). By receiving the support requested, you agree to work with the Business Engagement Team | | |
| **Tick** | **Outcome** | **Example** |
|  | Business engaged in/with new markets | * Reach new target market * Access new trading space |
|  | Business adopting new or improved products/services (New skincare range, cleaning service now offered to commercial customers) | * Introduce new skincare range * Able to now offer cleaning services to commercial customers |
|  | Business adopting new to the firm technologies or processes | * Start taking wireless card payments * Utilise new accounting and invoicing software |

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| **Declaration** | | | | | | | | |
| Have you received training and/or support from any other SPF funded project in the last three fiscal years? (Tick appropriate) | | | | **Yes** | | | **No** | |
|  | | |  | |
| In signing this document, I confirm my understanding that the assistance I am receiving from **Carmarthenshire Business Engagement** is funded by the **UK Government through the UK Shared Prosperity Fund**.  I declare that my details given on this form are true to the best of my knowledge. I understand that my details will be shared with other **Shared Prosperity Fund** partners as required for the effective management of the **Shared Prosperity Fund**. | | | | | | | | |
| **Participant Signature**  **Date** |  | | | | | | | |
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**SPF Officer**: Name & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_