**Shared Prosperity Fund**

**1:1 Support Request Form**

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

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| **DETAILS OF 1:1 SUPPORT** |
| Please provide details of the specialist support you require, including any preferred supplier and the benefit to the business. |
| Support Type | Supplier Name | Supplier Contact | No of Hours | Cost (if known) | Benefit to the Business |
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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** |
|  | Individual assisted to be enterprise ready | * Prepare a business plan
* Develop marketing strategy
 |
|  | 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
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|  | 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_