

Application Form for Management Support by Managers without Borders

(Please read the information about the procedure before applying for management support)

I. APPLICANT'S PARTICULARS

1. Company Name (Insert FULL legal name exactly as it appears in your legal documents)	
2. Registration number	
3. Country of Incorporation	
4. Date of Incorporation	
5. Business Operating Address	
6. Nearest Landmark	
7. Email Address	
8. Mobile Number	
9. Website	
10. Facebook / Instagram Account	

II. CONTACT PERSON'S DETAILS (You can add more contact person's details if you wish, however complete at least the contacts of the two main persons.)

Contact Person (1)	
Full Name	
Designation	
Email Address	
Mobile Number	
Contact Person (2)	
Full Name	
Designation	
Email Address	
Mobile Number	

III. TYPE OF COMPANY

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
<input type="checkbox"/> Limited Company	<input type="checkbox"/> Foundation/NGO/NPO	<input type="checkbox"/> Other (please specify below)
<input type="checkbox"/> Other (please specify)		

IV. BUSINESS ACTIVITIES

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Trade	<input type="checkbox"/> Consulting	<input type="checkbox"/> Finance
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Social	<input type="checkbox"/> Service
<input type="checkbox"/> Other (please specify)			

V. GENERAL INFORMATION

1. What is the size of your organization?	<input type="checkbox"/> Business startup (<5 years since foundation) <input type="checkbox"/> Small sized company (<20 employees) <input type="checkbox"/> Medium sized company (<99 employees)
2. What is your organization's vision?	
3. What is your organization's mission?	
4. Which target groups benefit from your organization?	
5. In order to get an understanding of what you do, please describe your activities and projects. Please add its status (former/actual/planned project or activity).	
6. How many employees do you have? (If available, please provide an organogram)	<input type="checkbox"/> Volunteers ... <input type="checkbox"/> Full-time employees ...

	<input type="checkbox"/> Part-time employees ... <input type="checkbox"/> Female employees ... <input type="checkbox"/> Local employees ... <input type="checkbox"/> All employees ...
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VI. TEAM OVERVIEW

Name	Designation	Years with the Company	Years of Work Experience

VII. APPLICANT'S BUSINESS KEY DATA

1. Are you affiliated to any organization?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please state below	
2. Have you received any financial support (grant or loan) from other NGOs /institutions/banks before?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please state below	
	Name of Organization	
	Date	
3. Have you received any other type of support (consultancy services, trainings, etc.) from other NGOs/institutions before?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please state below	
	Name of Organization	
	Type of Support	
	Date	
4. Please provide us with your latest financial information and attach your balance sheet, P&L statement and financial projections for the upcoming period.	Revenue (last year)	
	Profit (last year)	
	Revenue (current year)	

	Profit (current year)	
5. If the above is not applicable or available, please tell us why.		

VIII. CHALLENGE DESCRIPTION AND REQUIREMENTS FOR MANAGERS WITHOUT BORDERS

1. What does your company need support with?	<input type="checkbox"/> Administration <input type="checkbox"/> Business Development <input type="checkbox"/> Finance <input type="checkbox"/> Human Resources <input type="checkbox"/> Marketing <input type="checkbox"/> Other (please state below)
2. Would you be interested in receiving support in a form of a tandem (senior manager plus young manager)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Please define your identified challenge as clearly as possible.	Challenge (Analyze and define the challenge)
	Causes (Based on your assessment, why do you think this challenge exists)
	Effects (Explain the effects that the challenge has on the operations and growth of your organization)
4. Special requirements for the MWB-expert?	Technical skills: <input type="checkbox"/> Management – Training <input type="checkbox"/> Organization <input type="checkbox"/> Finance and Controlling <input type="checkbox"/> Marketing <input type="checkbox"/> Strategy/Planning <input type="checkbox"/> Specific skills in ... Language skills:

<p>Please describe as detailed as possible how the MWB-expert could help you with the challenges you face. What do you expect of the expert? Which requirements should the expert bring along?</p>	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> Other:
<p>5. Main or local contact person for MWB</p>	<p>Name: Phone: E-mail:</p>
<p>6. How many employees would directly be working with the MWB expert?</p>	
<p>7. Where would the project take place?</p>	<input type="checkbox"/> Headquarters <input type="checkbox"/> Other address (please state below)
<p>8. Where would the MWB expert work mostly during the project?</p>	<input type="checkbox"/> Office <input type="checkbox"/> Field/Farm <input type="checkbox"/> Others:
<p>9. How is the working place equipped?</p>	<input type="checkbox"/> PC/Laptop <input type="checkbox"/> Wifi <input type="checkbox"/> Phone <input type="checkbox"/> Others:
<p>10. Please provide us with the type of accommodation for the manager(s)</p>	<input type="checkbox"/> Guest House <input type="checkbox"/> Hotel <input type="checkbox"/> Residence of an employee <input type="checkbox"/> Other (please state below)

<p>11. Accommodation's amenities</p>	<p><input type="checkbox"/> Shower with running water <input type="checkbox"/> Fan <input type="checkbox"/> Air-Conditioning <input type="checkbox"/> WIFI <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other (please state below)</p>
<p>12. How will the MWB expert be transported from and to the airport?</p>	<p><input type="checkbox"/> By car <input type="checkbox"/> By bus <input type="checkbox"/> Other (please state below):</p>
<p>13. How did you find out about MWB?</p>	<p><input type="checkbox"/> Private Contact / Referral (please state name below) <input type="checkbox"/> Online Search (Google, etc.) <input type="checkbox"/> Website <input type="checkbox"/> Social Media (Facebook, Instagram, etc.) <input type="checkbox"/> Other (please state below):</p>

Name of registered owner: _____

Signature: _____

Date: _____

Official Stamp

OFFICIAL USE ONLY

Verified by: _____ Signature: _____

Date: _____