**Application form**

**Ex-Change vzw**

*Version v2.4 – 01/09/2012*

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**Dear applicant,**

Thank you for applying with Ex-Change for expertise support. The goal of this document is twofold. Firstly, getting to know your organisation will help us to source the best possible expert to assist you with your challenges. Secondly, we need to be able to evaluate if your application is in line with our eligibility criteria.

May we therefore request you to fill out this document as completely as possible? If needed, your Local Representative or Country Coordinator can assist you herewith.

Thank you in advance and kind regards,

The Ex-Change team

# Applicant – General information

|  |  |  |  |
| --- | --- | --- | --- |
| **Company/ Organisation** | | | |
| Registered name |  | | |
| Type of organisation |  | | |
| Sector / Sub-sector |  | | |
| Main products/activities |  | | |
| Postal Address |  | | |
|  | | |
| Physical Address |  | | |
| Phone |  | Fax |  |
| E-mail |  | Website |  |
| Company structure | *Please attach an organisational chart (not too detailed).* | | |

|  |  |  |
| --- | --- | --- |
| **Contact details (person(s) to be contacted for extra questions regarding the content of the request):** | | |
|  | 1. | 2. |
| First Name |  |  |
| Surname |  |  |
| Position |  |  |
| Phone | +238 | +238 |
| Cellular | +238 | +238 |

|  |  |  |
| --- | --- | --- |
| **Other basic company information** | | |
| Total investment value (in local currency): | |  |
| Profit margin: |  |  |
|  |  |  |

# 

# Application evaluation data

The information in this section is also used to evaluate the eligibility of your application.

Please tick the applicable boxes and also fill out the boxes marked in blue.

In the table below, you’ll sometimes find the symbols ①, ② or ③, meaning the following:

① only eligible for support under certain conditions; please provide details that could support your application.

② not eligible for support.

③ only eligible for support if > 10 employees and willing to share costs.

Questions 1 to 3 will not be taken into account for the evaluation of applications of Chambers of Commerce or Cooperatives, but please do fill out those questions.

For more details or on the eligibility criteria contact your local representative or the Ex-Change Head Office.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Number of employees: | |  |  | |  | | |
| pls. specify: | Female: |  | Male: | | 4 |
| 2. Annual turnover last financial year, in local currency: | |  |  | | | | |
|  | |  | | |
|  | |  | | |
| 3. Export share (%, if applicable): | | | 0% | | | | |
| 4. The expertise sought can be sourced locally: | | |  | | |  | |
| 5. Does your organisation have the necessary financial means to hire an equivalent, commercial consultant for this project? | | |  | | | ① | |
|  | | |  | |
| 6. Is your organisation able to cover for accommodation, food and local transport for the expert? | | |  | | |  | |
|  | | | ② | |
| 7. Does your organisation have access to funds needed to implement the business plan: | | |  | | |  | |
|  | | |  | |
|  | | |  | |
|  | | | ① | |
| 8. The company is registered: | | |  | | |  | |
|  | | | | |
|  | | | ① | |
|  | 8b. If no: do you plan to formalize the business? | |  | | | ① | |
|  | | | ② | |
| 9. The company exists for: | | |  | | |  | |
| 10. The organisation is depending on donor funding/ gifts (income other than internally generated income) | | |  | | |  | |
| ③ | | |  | |
| 10b. If yes: | | |  | | |  | |
| 10c. Percentage of income from gifts/donors/… | | |  | | |  | |
| 10d. Donors: | | |  | | | | |
| 11. Formalized bookkeeping is in place? | | |  | | | | |
|  | | | | |
|  | | | | |
| 12. Company’s business plan is: | | |  | | | | |
|  | | | | |
|  | | | | |
| 13. The enterprise/organisation or any of its branches or parent company is not involved in any unethical activities such as arm or drugs trade, child labour, human trafficking, … | | | | | | |  |

# Applicant – History & Objectives

|  |  |  |
| --- | --- | --- |
| Describe briefly the history and evolution of the company/organisation – what is the background (family business or new) etc. | | |
|  | | |
|  |  |
| Describe briefly (in 1 sentence) what the vision is of the company/organisation (what is the dream, where does it want to go to). | | |
|  | | |
|  |  |
| Describe briefly (in 1 sentence) what the mission is of the company/organisation (what is the business activity and why). | | |
|  | | |
|  |  |
| What are the main goals, objectives the company/organisation wants to achieve (mention only 3): | | |
|  | | |
|  |  |
| Mention maximum 3 (internal) strengths of the company/organisation: | | |
|  | | |

|  |
| --- |
| Mention maximum 3 (internal) weaknesses of the company/organisation: |
|  |

|  |
| --- |
| Mention maximum 3 (external) opportunities for the further development of the company/organisation: |
|  |

|  |
| --- |
| Mention maximum 3 (external) threats for the further development of the company/organisation: |
| Texto  Texto |

|  |
| --- |
| Prioritize in which areas (mentioned above) the company/organisation might need external assistance: |
|  |

# Requested Assistance

|  |  |
| --- | --- |
| In which of the **prioritized areas** would the company/organisation like Ex-Change to assist in? |  |
| Which are the **deliverables** the company/organisation wants at the end of the intervention by Ex-Change? |  |
| What are the **long term results** the company/organisation wants to achieve through the Ex-Change assistance? |  |
| What should be the main area of **competence** of the Ex-Change expert (general management, financial, marketing...?) who will assist you? |  |
| What other **skills, knowledge or experience** should the Ex-Change expert have? |  |
| Did you already receive assistance from Ex-Change - if yes when was that? |  |
| Do you receive in this area assistance from other organisations or support facilities – if yes please mention. | Texto |
| Do you receive in another area assistance from other organisations or support facilities – if yes please mention. | Texto |

# Assistance details

|  |  |
| --- | --- |
| **When** would you like the assignment to start? |  |
| For **how long** do you want the expert to be available? |  |
| How did you hear from Ex-Change vzw? If applicable, please mention the name of the local representative who informed you. |  |
| What is the name and position of the person who will work alongside the Ex-Change expert? |  |
| Which language does this person speak? (English, French, other) |  |
| What type of accommodation would be provided for the Ex-Change expert? (indicate) |  |
| Name, contact details and phone number of proposed accommodation: |  |
| Which is the nearest suitable airport to the location where the Ex-Change expert has to work? |  |
| How far is this from where the Ex-Change expert will work? |  |

|  |  |
| --- | --- |
| The applicant is aware of the commitments regarding a possible intervention by Ex-Change. The applicant can and will take care of the local accommodation, all meals (or per diem) and local transport for the duration of the expert’s stay.  Date:  Signature: Assinatura | |
| **To attach (if available):** | |
| * Copy of registration form * Copy of balance sheet of last year | * Organisational chart (not too detailed) * Other relevant information |