



Application Form

Youth Social Enterprise Incubator Programme is for young social entrepreneurs aged between 18 and 25 interested in starting up businesses that address social or environmental issues. This 12-month programme will provide participants personalised business coaching, mentoring, specialised training and other business support enabling them to start their own social enterprises at the completion of the programme.

YOUR PERSONAL DETAILS

Please complete fully.

First Name(s):		Surname(s):	
Your preferred name (if different from above):			
Home address			
DS Division & District			
Date of Birth:			
Phone(daytime):		Mobile:	
Email:			
Gender	Male		Female
	Other (please specify)		
Disability – Do you have a disability?			
*The definition of a disability is ‘a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities’.			
YES		NO	

EQUAL OPPORTUNITIES

We ask you to provide your Equal Opportunities details. You are not required to provide this information and can select to ‘opt out’. However, it is helpful for our future development and marketing that you provide this information.

A. ELIGIBILITY CRITERIA

Please complete and confirm the following with a 'YES' or 'NO'.
If this section is not complete, your application will be deemed ineligible.

1.	I am committed to attending the full programme, which is a commitment of 12 months	
2.	I am aged between 18 and 25 years.	
3.	I am a school leaver and currently unemployed	
4.	I am following a vocational training / higher education programme	
5.	I am not currently employed or engaged in a business activity.	
6.	I am interested in starting business that has a social or environmental purpose.	
7.	My business will reinvest the majority of any surplus into the business or for social/environmental purpose.	

B. ABOUT YOUR BUSINESS IDEA

1. Please write a brief summary about business you have in mind.

2. Please describe the social or environmental problem that your business intend to address.

3. Have you already set up as an organisation?	YES	NO
10. Where is, or where will be the base of your business? Where does it, or where will it deliver services?		

C. ABOUT YOU
19. What are your educational / vocational qualifications or the programme you are enrolled if you are still studying?
19. Please tell us why you want to develop this business?
<ul style="list-style-type: none"> • What are your main reasons for setting up or being involved in this project? • What motivates you? • What led you to this point? • Do you have any experience of the issues you are seeking to address?

IMPORTANT NOTES

To submit your application email your application form to hasanthi@lsv.lk

Applications for the programme need to be with us by 15th January 2018

THANK YOU FOR YOUR APPLICATION

Lanka Social Ventures
20/20B, 1st Lane, Mahindarama Road, Ethul Kotte
Sri Jayawardenapura Kotte

