**Application form for Online Consulting Support with managerswithoutborders**

Dear Partner,

Thank you for your request asking for online management support from Managers without Borders for your project.

To get to know you and your company better, we would kindly ask you to fill out the following information. You can be sure that all your data will be kept private.

If you have any questions, please don’t hesitate to contact us.

Best regards

managerswithoutborders

*(Open Word-document: please use as much space as you need)*

1. **Contact information of applicant**

|  |  |
| --- | --- |
| **Name of applicant** state function in the organization (CEO, founder, …) |  |
| **Telephone/Mobile**  Please let us know about availabilities: time (e.g. mornings, local time) and modes (e.g. WhatsApp, Skype, Zoom) |  |
| **E-Mail of applicant** |  |

* 1. **Contact information of organization/company**

|  |  |
| --- | --- |
| **Name of organization/company** |  |
| **Type of organization/company and year of establishment** |  |
| **Full address and Postbox** |  |
| **Telephone/Mobile**  Please let us know about availabilities: time (e.g. mornings, local time) and modes (e.g. WhatsApp, Skype, Zoom) |  |
| **E-Mail** |  |
| **Website/Social Media (Facebook, Instagram, LinkedIn, ...)** |  |

* 1. **Other contact information**

Information about person who oversees project with managerswithoutborders **(only if different from person mentioned above)**

|  |  |
| --- | --- |
| **Name** function at organization/company |  |
| **Telephone/Mobile** Please let us know about availabilities: time (e.g. mornings, local time) and modes (e.g. WhatsApp, Skype, Zoom) |  |
| **E-Mail of contact person** |  |

1. **General information of applicant**

|  |  |
| --- | --- |
| 1. **What is the focus of your organization/company? What kind of work is your organization/company involved in?**   E.g. production, agriculture & forestry, education, trade, social work |  |
| 1. **What is your organizations/company vision?** |  |
| 1. **What is your organizations/company mission?** |  |
| 1. **What are your organizations objectives?** |  |
| 1. **With which SDGs (Sustainable Development Goals) can your company/organization identify the most?**   *At its heart the 17 Sustainable Development Goals (SDGs) are an urgent call for action by all countries in a global partnership. They recognize that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth – all while tackling climate change and working to preserve our oceans and forests.*  More information: <https://sdgs.un.org/goals> | O 1. No Poverty  O 2. Zero Hunger  O 3. Good Health and Well-being  O 4. Quality Education  O 5. Gender Equality  O 6. Clean Water and Sanitation  O 7. Affordable and Clean Energy  O 8. Decent Work and Economic Growth  O 9. Industry, Innovation and Infrastructure  O 10. Reduced Inequality  O 11. Sustainable Cities and Communities  O 12. Responsible Consumption and Production  O 13. Climate Action  O 14. Life Below Water  O 15. Life on Land  O 16. Peace and Justice Strong Institutions  O 17. Partnerships to achieve the Goal |

1. **Employee situation at your organization**

|  |  |
| --- | --- |
| 1. **How many employees do you have?** |  |
| 1. **Number of women** |  |
| 1. **Number of paid employees** |  |
| 1. **Number of volunteers** |  |
| 1. **Average salary of employees per week or month** |  |
| 1. **What sort of positions do your employees hold?**   E.g. project manager, worker, accountant |  |
| 1. **Which language(s) do your employees speak?** |  |

1. **Business key data of applicant**

|  |  |
| --- | --- |
| 1. **Please provide us more information about your affiliations.**   **Are you part of or do you belong to another organization? Do you uphold any cooperations?** | **No** affiliations, cooperation, etc.  **Yes**  Affiliated to:  Belonging to:  Cooperation/business partner: |
| 1. **Did you/ Do you receive financial support from NGOs or institutions before?**   E.g. funding, grant, loan | **No,** we are working without financial support.  **Yes,** we received financial support.  Name of Institution(s):  Date(s) of financial support:  Frequency (How many times?):  Amount (How much?):  Do you still receive financial support? |
| 1. **Did you/ Do you receive any other type of consultancy from NGOs or institutions before?**   E.g. activities, trainings, consultations, marketing support | **No,** we are working without any other type of support.  **Yes,** we received support/ consultancy  From whom:  Which kind of support:  When: |
| 1. **Please provide us the following most recent files of your organization/ company:** 2. Financial statements 3. Organigram 4. Business strategy | Are these files available?  **Yes**  **No. Please tell us why.** |
| 1. **What is your annual turnover?** |  |
| 1. **What are your annual expenses?** 2. for personnel 3. other fixed costs |  |
| 1. **Please name your products or services that you offer to costumers.** |  |
| 1. **Where and how often do you sell these products or services?**   E.g. where – regionally, nationally, the following countries // how often – daily, weekly, rarely, not yet at all |  |

**9. Please explain to us the nature of your business in more detail.**

**Please describe the following:**

|  |  |
| --- | --- |
| 1. **Competitors:**   E.g. Who are your main competitors? What are the main threats of your competitors? |  |
| 1. **Customers:**   E.g. Who are your customers? What customer segments are you serving to/ would you like to serve? |  |
| 1. **Suppliers:**   E.g. Who are your suppliers? Is the relationship with your supplier working well? Please explain. |  |
| 1. **Market:**   E.g. What is the market situation now? What do you expect from the future? How is the demand? |  |

1. **Challenge description and requirements for the Manager without Borders (MwB)**

|  |  |
| --- | --- |
| 1. **In what area(s) does your organization/company need support with?**   Please specify and tick a **maximum of two** options (most important) | Administration  Strategy  Business Development  Organizational Development  Finance  Marketing  Human Ressources  Production  Other: |
| 1. **Out of these areas, what are the problems you are currently facing?** |  |
| 1. **What do you hope to change with the operation of a MwB?** |  |
| 1. **What are special requirements for the MwB?** | Language skills:  Personal skills: |
| 1. **In a case of an on-site consulting, it’s obligatory to provide the following amenities: accommodation, transportation (airport, workplace) and full board** | Are you interested:  Yes  No |

With the signature, I hereby confirm that the information I stated above are correct.

Place/ date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and signature of registered owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Internal (please do not fill in)** | |
| Date of receipt: |  |
| Verification date:  Verification made by:  Further notes: |  |