START UP SPACE

Application

CITY OF GLASGOW COLLEGE

Please answer the following questions by typing your response at each heading and then re-title and save the document before returning to **start@cityofglasgowcollege.ac.uk**. Please include your surname in the file name. Please expand as required.

Your name: _____

Business name: _____

Mobile number: _____

Email address: _____

Website (if applicable): _____

Is your business trading?   YES ☐   NO ☐

When did you start your business? _____
Please indicate what month and year

Where is the business currently run from? _____

Provide a summary of the main products or services.

What would you like to achieve in the start up space?

How many days and / or hours a week would you like to use start up space?

When would you like to begin working in the space?