

Spark application form

Name:

Course:

Email:

Phone Number:

Age:

**Medical condition(s)/
Learning difficulty -
if applicable:**

Describe your business idea *(500 words maximum)*

Describe your business idea *(500 words maximum)*

Please indicate which interview date/times(s) is/are best for you:

Monday 2nd February 2015 PM	Tuesday 3rd February 2015 AM	Wednesday 4th February 2015 PM	Thursday 5th February 2015 AM	Friday 6th February 2015 PM
-----------------------------------	------------------------------------	--------------------------------------	-------------------------------------	-----------------------------------

Please return your application form via email to:

e: spark@cornwall.ac.uk

Visit: www.cornwall.ac.uk/spark



Part Funded by the
European Regional
Development Fund
Convergence
Programme