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| \\musimon\Staff_S_TR\sophiec\Pictures\Spark.png**Spark application form** | | | | | |
| Name: | |  | | | |
| Course: | |  | | | |
| Email: | |  | | | |
| **Phone number:** | |  | | | |
| **Age:** | |  | | | |
| **Medical condition(s) / Learning difficulty if applicable:** | |  | | | |
| **Describe your business idea:** *(500 words max.)* | | | | | |
|  | | | | | |
| **Please indicate which interview date/time is 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 completed form to:**

[**spark@cornwall.ac.uk**](mailto:spark@cornwall.ac.uk) **visit:** [**www.cornwall.ac.uk/spark**](http://www.cornwall.ac.uk/spark)