







Manufacturing MASmasters Company Application Form

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Company Nan	ne:							
Contact Name:			Job Title:					
Address:								
Postcode:								
County:								
Email Address								
Telephone No: VAT No. or			Fax No: Is the Company Owner					
Charity No.			Registered Disabled? YES / NO		***************************************			
Gender of Company Owner:			Ethnicity of Company Ow	ner:				
Are you a manufacturer?			YES / NO	No of Employees:				
What do you manufacture?								
Turnover:	£		Sector:					
How long has your company been trading?				Does your company employ flexible working practice?				
Is the company part of a group? YES / NO			YES / NO	If YES please indicate below what percentage holding the group has in the company & the number of employees in the group.				
						%	Emp	oloyees
Has the company or group received State Aid from any source over the past 3 years?			ate Aid from	YES/NO	If yes, ho	w much een received?	£	
Which Local A	Author	ity do you pay you	r rates to:					
Where did the	comp	oany hear about MA	Smasters?					
Company Contact Signature:			Print Name:					

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What Level of training is to be undertaken by your employee?							
What is the objective of the training?							
What benefit will the programme bring to your company (e.g. profitability, growth, marketing)?							
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For Office Use:							

Please return completed form to: MCCR & Associates, Flanach House, Silver Street, Whitley, East Yorkshire, DN14 0JG.

The information you provide will be passed to Yorkshire Forward and will be safeguarded under the Data Protection Act. Yorkshire Forward will hold and use your details to monitor diversity and to evaluate its interventions. A hard copy of this form will be kept for audit purposes. Yorkshire Forward will **not** make your details available to any other public or private organisations without your explicit consent.

I do not agree to the use of the above details \Box