

## Game Changer 4 - application survey



Visit**Aberdeenshire**



OPPORTUNITY NORTH EAST



**Scottish Enterprise**

### **The Game Changer Programme for Tourism Businesses 2022**

#### **Application form**

Please answer all questions fully. All data will be treated confidentially. The partners take appropriate measures to ensure that personal information and business intelligence disclosed is kept secure only for as long as is necessary and only for the purposes for which it is required.

The partners recognise that in the current trading environment it is challenging to answer some questions. Pre COVID-19 data can be provided alongside current data. Please specify the time period applicable to the data you provide.

**Please provide the following details: \***

Your name

Company name

Company address

Email address

Phone number

Date business was established

Website

**Are you: \***

Independently owned

Part of a corporate organisation

**Are you a: \***

Sole Trader

Partnership

Ltd Company

Other (please specify)

**What is your role within the company? \***

Note: participation in the programme is limited to individuals who have autonomy to make and implement business decisions

Owner / Manager

Senior management

Family member

Other (please specify)

Please provide a full description of your business and the products and services you offer. \*

**Which markets did you target pre COVID?**

Tick all that apply

- Local/North-east
- Rest of Scotland
- Rest of UK
- International

**Which markets do you currently target? \***

Tick all that apply

- Local / North-east
- Rest of Scotland
- Rest of UK
- International

**Which additional markets would you like to target? \***

Tick all that apply

- Local / North-east
- Rest of Scotland
- Rest of UK
- International

**Who are your current customers? \***

Tick all that apply

Mostly leisure

Mostly corporate

Mix of both

Not sure

Other (please specify)

**Do you have any additional information to add?**

**Do you work with any of the following: \***

Tick all that apply

VisitAberdeenshire

VisitScotland

Travel Trade Intermediaries

Scottish Enterprise

Business Gateway/Elevator

**Do you have a Business Gateway Advisor? \***

Yes

No

**Please provide their name:**

**Please state your latest figures for: \***

Current number of employees

Current turnover (£)

Period (year ending)

**Do you have any additional information to add?**

**What is your focus for the next 3 years? \***

Please tick all that apply

<input type="checkbox"/> Recovery
<input type="checkbox"/> Growth
<input type="checkbox"/> Diversification
<input type="checkbox"/> Other (please specify)

**Please state your planned figures for: \***

Anticipated number of employees in 3 years time	<input type="text"/>
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Anticipated annual turnover in 3 years time	<input type="text"/>
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**Do you have any additional information to add?**

<input type="text"/>
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**Do you have a business plan? \***

Yes

No

**What do you hope to gain from taking part in the Business Growth Programme? \***

**Is this business your full-time occupation? \***

Yes

No

**If no, what other employment do you have?**

**Please outline the business project you would like to undertake or the business challenge you would like to address via the programme, for example a new strategy, improved marketing, new product development, investment, identify new markets, improved operational efficiency \***

**What three things are holding back your company? \***

**Do you have any other information to share?**

If offered a place, you will be required to confirm commitment to participate fully in the programme.

Thank you for completing this application.