

### SHINE BUSINESS APPLICATION / DIAGNOSTIC FORM

The **SHINE** Programme is based around meeting the individual needs of local businesses to accelerate local competitiveness, job creation and growth. The level of support will be cascaded depending on the individual needs of your business.

Acceptance on the programme is based on the information you provide within this application/assessment form. Please provide thorough details as the information will be assessed by one of our business advisors and a Diagnostic report will be completed providing your business with recommendations on the most suitable form of business support services currently available to help develop and grow your business.

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#### 1. Contact Details

Main Contact	
Position in Business	
Address	
Telephone	
Mobile Number	
Email	

#### 2. Business Details

Business Name	
Address	
Telephone	
Email	
Website	



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**Business Profile**

Business Description	
Business Sector	
Legal Structure	
No of Years in Business	
No of F/T Equivalent Employees (At least 30 hours per Week)	
Annual Turnover	
Main Markets	
Level of Export: Current Future	
Currently an Invest NI Client	Yes <input type="checkbox"/> NO <input type="checkbox"/>
If yes: please detail your Invest NI Client Executive along with contact details	



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3. Current Position

Current Business Performance

4. Internal Strengths/Weaknesses

Product/Service Development & Innovation
Sales / Marketing & Customers
People Development



<b>Finance</b>
<b>Operations &amp; Processes</b>

**5. Issues Affecting Growth or Causing Concern**

<b>The Big Picture - 3 Main Issues/Concerns</b>		
<b>Issue/Concern</b>	<b>Cause</b>	<b>Solution</b>
1)		
2)		
3)		



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**6. Please rank in order of Importance (1 most important – 6 least important)**

I want to identify specific areas for improvement	
I want to develop my business by achieving more sales	
I want to implement more efficient processes and procedures	
I want to be more receptive to the process of innovation	
I want to investigate the potential to trade outside of Northern Ireland	
I want to create employment and increase my team/workforce	

**7. Future Direction & Growth**

<b>Where Do you Want Your Business to be in?</b>		
<b>In 12 months?</b>	<b>Job Creation</b>	<b>Financially</b>
<b>In 24 months?</b>		
<b>In 5 Years?</b>		

Other

<b>Further Comments in Support of the Application</b>



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Please state where you heard of the SHINE Programme			
Newspaper	<input type="checkbox"/>	Council Website	<input type="checkbox"/>
Bus Back	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>
Social Media	<input type="checkbox"/>	Other (please state) _____	

By signing this form, I agree to share my details with Ards and North Down Borough Council, its delivery agent Brilliant Red and Invest NI as a funding body.

**Signed on Behalf of the Business:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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**For Office Use Only:**

**Business Name:** \_\_\_\_\_

**Date of Meeting:** \_\_\_\_\_

**Officer:** \_\_\_\_\_

**Recommendations for Support:**

<b>SHINE Programme</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>OTHER</b> <input type="checkbox"/> (See Below)
	<b>LEVEL</b>	<b>1 day</b> <input type="checkbox"/>	<b>3 day</b> <input type="checkbox"/>

<b>OTHER COUNCIL SUPPORT</b>	
Signal Business Advice	
Workshops/Programmes	
Specialist 1-1 Advice Sessions	
Research	



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**OTHER SUPPORT - SIGNPOSTING**

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**OFFICER COMMENTS**

(Please include what action has been taken to progress the application – whether for SHINE / Signal Services / Signposting)

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**SHINE PROGRAMME 2018-2022 - Appendix 1**

**DATA PROTECTION STATEMENT**

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**IMPORTANT NOTICE** – You have a right to know how your personal information will be used when you engage with the Ards and North Down Shine Programme. It is important that you carefully read the following before you sign this form. By signing you are acknowledging that you understand how your personal information will be used.

The Data Protection Act 2018 (“The Act”) and the General Data Protection Regulation (GDPR) give legal rights to individuals (Data Subjects) in respect of how their personal data is processed by a Data Controller, and its Data Processor, as well as establishing the Data Protection Principles. The legislation also defines categories of “Special Category Personal Data” and the conditions for processing it.

**Applying the Data Protection definitions to Shine Programme**

Ards and North Down Borough Council (AND)= the Data Controller

Brilliant Red Ltd (BR) = a Data Processor

The Shine Programme is a package of support which will help you to start or grow your business. It is managed by Ards and North Down Borough Council, and delivered by Brilliant Red Ltd.

**NOTICE TERMS: THE USE OF YOUR PERSONAL INFORMATION**

The above organisations will use your information:

1. To deliver the Shine Programme to you.
2. To monitor the effectiveness of the Shine Programme
3. To monitor Equality of Opportunity.
4. For audit, compliance and regulatory reporting purposes where there may be disclosure of your information to auditors and, if required, to governmental and non-governmental regulators.
5. And/or in such other circumstances where there is an obligation to do so, or as the law permits.

The Council will process your personal information under article 6(1)(b) of the GDPR, to delivery this service to you as part of a contract to which you are a party. Information you provide will be shared with Brilliant Red Ltd, as data processor, to assist it to deliver this programme.

You may withdraw your participation in this programme at any time by contacting Karine McGuckin, Ards and North Down Borough Council, Economic Development (T: 028 9147



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3788 E:karine.mcguckin@ardsandnorthdown.gov.uk), however, the Council may retain your personal information to fulfil its regulatory and audit responsibilities. Information held on the programme will be retained by the council for up to 10 years and will be reviewed for destruction in 2029.

### Promotion of Business

In addition to the above, third party organisations such as business organisations may request to use your information via the data controller for purposes which may be deemed by the data controller to be beneficial for the development of your business. The Council will share your contact information in this circumstance, with your consent only under article 6(1)(a) of the GDPR.

You may withdraw your consent for this activity at any time by contacting Karine McGuckin, Ards and North Down Borough Council, Economic Development (T: 028 9147 3788 E: [karine.mcguckin@ardsandnorthdown.gov.uk](mailto:karine.mcguckin@ardsandnorthdown.gov.uk)). Please note, the processing of your information for this marketing activity is a distinct processing activity from the processing of your personal information as a participant in the Shine Programme.

**Do you give your consent to the Council to share your contact information in circumstances which may be beneficial to the development of your business?**

Please tick the appropriate box:                      Yes     No

You have a right to see and review the information held on you. If you wish to request your personal information or have a data protection query, please put your request in writing, stating clearly who you are and your query to: Data Protection Officer, Ards and North Down Borough Council, Town Hall, The Castle, Bangor, BT20 4BT, Email: [dataprotection@ardsandnorthdown.gov.uk](mailto:dataprotection@ardsandnorthdown.gov.uk), tel: 0330 013 3333.

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Your information will only be used and disclosed as stated in this Notice  
**We confirm our agreement to the statements herein contained.**

Signed by the Client

Signed by the Business Advisor

Date:

Date:

Ref 1: The Data Protection Act and the Data Protection Principles are available from [www.ico.gov.uk](http://www.ico.gov.uk) . – the Website of the Information Commissioners Office



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**SHINE PROGRAMME 2018-2022 - Appendix 2**

**STATE AID DECLARATION**

**What is State Aid?**

State Aid is support from an EU Member State to a business which the Treaty of Rome declares generally incompatible with the common market – with certain possible exceptions. Broadly, it means a Member State's financial aid, which favours selected businesses and has the potential to distort competition and affect trade between EU Member States.

**How does that apply to this programme?**

The support that you are receiving through your participation in this programme may be considered a "de minimis" aid<sup>1</sup>. There is a ceiling of €200,000 for all de minimis aid provided to any one organisation over a three fiscal year period (i.e. the current fiscal year and the previous two fiscal years). The value of the aid under this programme (or estimated to be) **£918**

**What do I have to do?**

You will need to declare this amount to any other aid awarding body who requests information from you on how much de minimis aid you have received. For the purposes of the de minimis regulation, you must retain this letter for 10 years from the date on this letter and produce it on any request by the UK public authorities or the European Commission (you may need to keep this letter longer than 10 years for other purposes).

You will also need to advise us of any other de minimis aid received during the previous three years, as we need to check that our support, added to that previously received, will not exceed the threshold of €200,000 over the last three fiscal years.

Aid includes not only cash grants but also assistance such as free or subsidised consultancy services, marketing advice etc. If you are in any doubt about whether previous assistance received classes as de minimis assistance please include it. Please sign the attached statement confirming your eligibility for support.



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**Statement of de minimis aid received**

I confirm that I have received the following de minimis aid during the previous three fiscal years prior to the implementation of this project (i.e. the current fiscal year and the previous two fiscal years)\*:

Body providing the assistance/aid	Value of assistance	Date of Assistance

I acknowledge that if I exceed the limits, the company shall become liable to pay the full price that would otherwise be payable in respect of the services provided.

It is mandatory that you complete all the fields below:

**COMPANY** \_\_\_\_\_

**CONTACT NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TOWN** \_\_\_\_\_

**POST CODE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

<sup>1</sup>EC Regulation 1998/2006 (De minimis Aid Regulation) as published in the Office Journal of the European Union 28-12-06

\*Itemise all direct and indirect financial assistance received by your company.



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Dear Participant

**SHINE PROGRAMME 2018-2022**

As part of the monitoring of EU investment for Growth and Jobs Programme 2014-2020 (EUIGJ) and Invest Northern Ireland funding, Ards and North Down Borough Council is obliged to gather information to ascertain the number of jobs created and/ or maintained as a result of the delivery of the SHINE Programme in the Ards and North Down Borough Council area.

We would therefore request that you provide us with information on the number of jobs in existence in your company by completing the enclosed monitoring form. This will assist us to measure the change in employment levels within your organisation over the course of SHINE programme (2018-2022).

The completed form can be returned by post, or scanned and emailed to [Signaladmin@ardsandnorthdown.gov.uk](mailto:Signaladmin@ardsandnorthdown.gov.uk) Should you have any queries regarding the form, please do not hesitate to contact the Economic Development Section on 02891 473788.

Yours Sincerely

A handwritten signature in black ink, appearing to be "K. H.", written over a horizontal line.



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**JOBS MONITORING FORM: SHINE PROGRAMME**

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete the questions below to show how many people your organisation currently employs (including your own position if appropriate) and the breakdown of these jobs.**

- 1) Total number of full-time jobs (*At least 30 hrs per week*) evidenced by a written contract of employment \_\_\_\_\_

Breakdown of jobs by area of business:

- 2) Total number of part-time jobs (less than 30 hrs per week) evidenced by a written contract of employment \_\_\_\_\_

Breakdown of jobs by area of business, and state number of hrs per week worked:



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**DECLARATION**

I understand that the figures reported above regarding existing jobs may, on a sample basis, be requested to be checked against written contracts of employment for confirmation. I confirm that the monitoring information provided is true and correct. I understand that the information provided will be retained and may be shared with Government Departments/Agencies for auditing purposes, if required.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Baseline number of FTE: _____	Current number of FTE: _____
Variance: _____	
Completed by: _____	Signature: _____ Date: _____



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