

Application to Become a MERLIN Mentor

Name: _____

Company (if applicable): _____

Address: _____

Telephone: _____ Fax: _____

Cell Phone: _____ Email: _____

Please summarize your experience in starting and/or managing one or more companies: _____

Please rate your comfort level with providing mentoring in the following entrepreneurial activities:

On a scale from 1 to 5 (1 = least comfortable, 5 = most comfortable) mark the number that best applies.

- ① ② ③ ④ ⑤ Start up first steps
- ① ② ③ ④ ⑤ Team formation
- ① ② ③ ④ ⑤ The psychology of entrepreneurship
- ① ② ③ ④ ⑤ Identifying the gaps
- ① ② ③ ④ ⑤ Writing job specifications
- ① ② ③ ④ ⑤ Selection of candidates: Recruiting
- ① ② ③ ④ ⑤ Selection of candidates: Interviewing
- ① ② ③ ④ ⑤ Founders/employee ownership issues
- ① ② ③ ④ ⑤ Licensing and patents evaluation/strategy
- ① ② ③ ④ ⑤ Strategic review of technology (as it applies to market and business models)/alternatives
- ① ② ③ ④ ⑤ Business model
- ① ② ③ ④ ⑤ Vision/marketing
- ① ② ③ ④ ⑤ Business plan outline
- ① ② ③ ④ ⑤ Business plan review
- ① ② ③ ④ ⑤ Review of financials
- ① ② ③ ④ ⑤ Funding strategy
- ① ② ③ ④ ⑤ Presentation review
- ① ② ③ ④ ⑤ Fund raising pitch
- ① ② ③ ④ ⑤ Product pitch
- ① ② ③ ④ ⑤ Investment/financing sources
- ① ② ③ ④ ⑤ Angels
- ① ② ③ ④ ⑤ VCs
- ① ② ③ ④ ⑤ Other: _____
- ① ② ③ ④ ⑤ Review and negotiations of term sheets ("cutting the deal")

