**![A close up of a sign

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**EXPERIENCE DEVELOPMENT PROGRAMME**

**APPLICATION FORM**

**Applicant Organisation / Business Name:** Enter your business name here

**Contact name:** Enter your full name here

**Role in organisation:** Enter your job role here

**Email:** Enter your email address here

**Contact telephone:** Enter your telephone number here

**Address:** Enter your address here

**Local Authority:** Choose an item.

**Website:** Add your website address here

**Company description:**

Please provide a short summary of your company (50 words)

**Number of years in operation:** Enter your details here

**Months of operation (seasonality): January  February  March**

**April  May  June**

**July  August  September**

**October  November  December**

**EXPERIENCE DEVELOPMENT PROJECT SUMMARY**

**Please provide details of your new ‘off-season’ experience product idea (500 words):**

Click here to enter text

**Primary product theme:** Choose an item.

**What benefits will this new product bring to your business? (100 words):**

Click here to enter text.

**Over what months of the year would you plan to operate this new experience?:**

Click here to enter text.

**January  February  March  April  May  June**

**July  August  September  October  November  December**

**Please provide details of your proposed target audience for this experience (100 words):**

Click here to enter text

**Please detail how you plan to market your new product or experience (100 words)**

Click here to enter text.

**Please provide details of how your new experience connects to the natural environment or local culture (100 words):**

Click here enter text

**Please detail how the new development will contribute to reducing your carbon footprint (100 words):**

Click here to enter text

**Please detail how you will ensure your new product or experience will have a digital presence (100 words)**

Click here to enter text

**Please provide details of any relevant financial investment required to deliver this experience and the evidence that this is available:**

Click here to enter text

**Please provide an estimated timescale for delivering your new product or experience:**

Click here to enter text

**Please detail what resources and skills will be used to implement the new product or experience(100 words):**

Click here to enter text

**Have you ever worked with the travel trade?**

**YES**  **NO**

**If yes, please provide details of your activity with the travel trade:**

Click here to enter text.

**Once your experience has been developed, are you willing to provide a form of measurement for research purposes, such as visitor numbers, number of bookings etc?**

**YES** What form of measurement could you provide?

**NO** Why not?

**Do you agree to take part in a case study as part of the evaluation of this project?**

**YES**

**NO** Why not?

**As part of the project development, are you happy to host press and trade visits?**

**YES**

**NO** Why not?

**Would you be interested in looking at selling your new product through the** [**VisitBritain TXGB**](https://www.txgb.co.uk/) **distribution platform?**

**YES**

**NO** Why not?

**Are you willing to attend product training and networking events?**

**YES**

**NO** Why not?

Please tick here to confirm that you have read and agree to the Visit Kent B2B [privacy policy](https://www.visithertsbusiness.co.uk/about-us/privacy-policy/).

Please tick this box to confirm that you have read and met the full eligibility criteria.

Please tick this box to confirm that you have read and understood the [implications of de minimis funding](https://www.visitkentbusiness.co.uk/media/59799/introduction_to_state_aid-for-businesses-in-kent-final.pdf) and have signed a separate de minimis agreement

I declare that the information supplied in this application is true. I agree that, if this application is successful, any grant money received will be used for the purposes described in this form. I confirm that I am duly authorised to confirm this on behalf of the applicant group.

ONCE COMPLETED, PLEASE SEND THIS INFORMATION FORM TO: ENQUIRIES@VISITKENT.CO.UK

**A picture containing knife

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**District Partners:**

**A screenshot of a cell phone

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