



Union pour la Méditerranée
Union for the Mediterranean
الإتحاد من أجل المتوسط

EUROMED
INVEST



Project
funded by the
EUROPEAN UNION

MENTORING PROGRAMME FOR COMPANIES AND ENTREPRENEURS

OBJECTIVES

Develop smart and sustainable partnerships:

- Research and Development
- Technical co-operation
- Investment/Financing
- Outsourcing
- Joint Venture Agreement
- Commercial Agreement

BENEFICIARIES

- MSMEs
- Young entrepreneurs & Diaspora Talents,
- Mentors and experienced trainers
- Participants in EUROMED Invest Business Roadshows and Masterclasses
- From the European Union and the South Mediterranean



FINANCIAL SUPPORT

EUROMED Invest can cover travel and accommodation expenses as well as administrative costs related to the organisation of the mentoring missions for a maximum of € 5 000 per mission (corresponding to € 6 250 of total eligible costs).

HOW TO JOIN THE PROGRAMME

STEP 1. Identification of the beneficiary and the mentor

STEP 2. Formulation of the focus of the mentorship: business development, internationalisation, funding, technology transfer...

STEP 3. Identification of an organisation affiliated to EUROMED Invest monitoring the mentorship

→ www.euromedinvest.eu/affiliates

STEP 4. Submission of the proposal to the EUROMED Invest Coordination Team

→ Fill in the application form (next page)

SPECIFIC CONDITIONS

- The proposal of mentoring missions is not linked to EUROMED Invest calls for proposals and can be received over the project duration
- In order to be eligible, the mentoring has to be proposed and monitored by an organisation affiliated to EUROMED Invest.

CONTACTS



www.euromedinvest.eu
info@euromedinvest.eu

Project financed by the European Union, the MedAlliance and the local authorities of Marseille - PACA



Project implemented by the MedAlliance consortium under ANIMA coordination



Please fill the application and send it with relevant documents to info@euromedinvest.coop

Mentee Personal Information:

Name _____ Company's name _____
Website _____
Mobile phone _____ E-mail _____
Role _____ Sector _____

Write a brief statement on why you have chosen to participate in the entrepreneurs mentoring program :

Mentor Personal Information:

Name _____ Company's name _____
Address/website, if any _____
Mobile phone _____ E-mail _____
Role _____ Sector _____

Provide a brief summary of your relevant experience for this mentorship :

Your EUROMED Invest Experience:

Have you participated in a business Roadshow or a Masterclass within the EUROMED Invest project?
If yes, please indicate the event's name and dates: _____

What skills and experiences will be covered through this mentorship?

Improve technical knowledge _____	<input type="checkbox"/>
Technology transfer _____	<input type="checkbox"/>
Develop leadership and Management skills _____	<input type="checkbox"/>
Starting new business (new company, Franchise) _____	<input type="checkbox"/>
Development of a customer-supplier relationship _____	<input type="checkbox"/>
Development of patents & protection of industrial property _____	<input type="checkbox"/>
Development of new products _____	<input type="checkbox"/>
Internationalization and access to new markets _____	<input type="checkbox"/>

Other:

RESERVED FOR THE AFFILIATED ORGANIZATION OF EUROMED Invest:

Organisation's name _____ Contact Person _____
Address _____ Phone _____
E-mail _____

I certify to the best of my ability that the information about the mentoring partners provided on this application is true and accurate. I also confirm that my organisation _____ agrees to monitor and report the mentoring operation in accordance with the EUROMED Invest rules as described in the procedures guide.

Name & Signature of a legal representative

Date



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