



MRC ANGEL COMPETITION 2026

APPLICATION FORM

Application Number

<i>For office use only</i>

The applicant (s) are required to provide as much information as necessary to enable MRC to assess their business or business idea accordingly.

The applicant/s should not disclose any commercially sensitive information.

You must not include details on any application or process which may be patentable, unless you have secured a patent or it is pending. If this is disclosed, it may invalidate any patent application you later make.

BUSINESS AND APPLICANT(S) DETAILS	
Name of Business	
Type of Business Industry, i.e., Hospitality/ Healthcare/Beauty Etc.	



<p>Give a brief overview of your business idea. (Service/Product)</p>	
<p>Describe the idea in detail. (1. Write what solution it provides to a problem/need in the world. 2. What makes your business unique or innovative?)</p>	
<p>Who is your target audience, and how do you plan to promote your business idea?</p>	
<p>What is your vision for your business in the next 2-5 years?</p>	
<p>Please provide what you will be exhibiting on your stall on the day of the competition (please give details).</p> <p><i>The college will provide the stall with a table only, and the applicant must provide any promotional or business-related materials.</i></p>	



Type of Application <i>(Please tick one)</i>	<input type="checkbox"/> Individual <input type="checkbox"/> Team
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Applicant 1	Name	
	Student ID	
	Mobile Number	
	Email address	
	Position in the Business	

Applicant 2	Name	
	Student ID	
	Mobile Number	
	Email address	
	Position in the Business	

Applicant 3	Name	
	Student ID	
	Mobile Number	
	Email address	
	Position in the Business	

Applicant 4	Name	
	Student ID	
	Mobile Number	
	Email address	
	Position in the Business	

OTHER INFORMATION

Do you have a written business plan/ <i>(Please tick one)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Use the section(s) below to tell us about yourself/ your team members.
(Background, previous business ventures, interests, hobbies, etc.)

The competition process will require you to attend various meetings and/or workshops with mentors on dates to be announced after your selection.

DECLARATION

I confirm that the information given in this form is true and accurate to the best of my knowledge and belief. Please sign and print your name below.

Applicant 1	Sign:	
	Print:	
Applicant 2	Sign:	
	Print:	
Applicant 3	Sign:	
	Print:	
Applicant 4	Sign:	
	Print:	

PRIVACY STATEMENT

Your Personal Data will be used by MRC in accordance with the Data Protection Act 1998 and it's Privacy Policy.

Please return the completed application pack by **13th February 2026** via email at competition@mrcollege.ac.uk



Additional Information





MONT ROSE[®]
COLLEGE

Mutual Non-Disclosure Agreement

Application Number

DISCLOSING PARTIES		
I / We, the disclosing party/parties named below, intend to disclose information to the other party, the "Recipient of disclosed information" named below, for the purpose of participating in Mont Rose College's "Angel Business Plan Competition 2026"		
Applicant 1	Name:	
	Address:	
Applicant 2	Name:	
	Address:	
Applicant 3	Name:	
	Address:	
Applicant 4	Name:	
	Address:	

RECIPIENT OF DISCLOSED INFORMATION		
I, the "Recipient of the disclosed information" named below, undertake not to use the information disclosed by the disclosing party/parties contrary to the terms of this agreement, listed below.		
Recipient	Name:	
	Address:	

1. The disclosing parties to this Agreement intend to disclose information (the Confidential Information) to the other party for the purpose of participating in Mont Rose College's "Angel Business Plan Competition 2026", **where the business ideas will be presented and evaluated by the above parties.** (Purpose).

2. Each party to this Agreement is referred to as 'the Recipient' when it receives or uses the Confidential Information disclosed by the other party.
3. The Recipient undertakes not to use the Confidential Information disclosed by the other party for any purpose except the Purpose, without first obtaining the written agreement of the other party.
4. The Recipient undertakes to keep the Confidential Information disclosed by the other party secure and **not to disclose it to any third party** who knows they owe a duty of confidence to the other party and who is bound by obligations equivalent to those in clause three above and this clause 4.
5. The undertakings in clauses 3 and 4 above apply to all of the information disclosed by each of the parties to the other, regardless of the way or form in which it is disclosed or recorded, but they do not apply to:
 - a) Any information which is or in future comes into the public domain (unless as a result of the breach of this Agreement); or
 - b) Any information which is already known to the Recipient and which was not subject to any obligation of confidence before it was disclosed to the Recipient by the other party.
6. Nothing in this Agreement will prevent the Recipient from making any disclosure of the Confidential Information required by law or by any competent authority.
7. The Recipient will, **on request from the other party**, return all copies and records of the Confidential Information disclosed by the other party to the Recipient and will not retain any copies or records of the Confidential Information disclosed by the other party.
8. Neither this Agreement nor the supply of any information grants the Recipient any license, interest or right in respect of any intellectual property rights of the other party, except the right to copy the Confidential Information disclosed by the other party solely for the Purpose.
9. The undertakings in clauses 3 and 4 will continue in force **for 10 years from the date of this Agreement**.
10. This Agreement is governed by, and is to be construed in accordance with, English law. The English Courts will have non-exclusive jurisdiction to deal with any dispute which has arisen or may arise out of, or in connection with, this Agreement.

Signature		Signature	
Name		Name	
Date		Date	
Signature		Signature	
Name		Name	
Date		Date	
Signature		Signature	
Name		Name	
Date		Date	
Signature		Signature	
Name		Name	
Date		Date	

Signed by the recipient of the disclosed information.		Witness to the signature of the Recipient.	
Signature		Signature	
Name		Name	
Date		Date	