# INDIVIDUAL OPERATOR FAM

# Trade Familiarisation Trip

# Request Form (TFR)

**Name of Fam/ Trip:**

**Country / Market:**

**Country/ market: China**

**Date sent to Fáilte Ireland: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **GENERAL DETAILS** |
| **Contact details of TI**/ Irish Tour Operator Organiser **– Email & Telephone** |  |
| **Proposed dates of trip** | **Arrival Date:** | **Departure Date:** |
| **Are alternative dates possible and if so what are these dates:**  | **Alternative Arrival Dates:** | **Alternative Departure Dates:** |
| **Number of overseas trade on trip:** |  **Number of Reps:**  | **Number of Bednights:** |

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| **COMPANY DETAILS** |
| **Name of Company, Representative and contact details email, etc.** |  |
| **Company Website** |  |
| **Has the company been hosted previously on a fam trip to Ireland? If Yes, When?** |  |

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| **COMPANY DETAILS Continued** |
| **Does the Company currently programme Ireland? How does company intend to bring new /incremental business to the Wild Atlantic Way, Ireland’s Ancient East and Dublin?** |  |
| **If yes, please indicate the level of business delivered**  | **Number of Pax to the Republic of Ireland:** *(Please tick* ***one*** *of the options below):** <500 □
* 501 – 1000 □
* 1001 – 5000 □
* 5001 – 10,000 □
* > 10,000) □
 | **Number of Pax to Northern Ireland:** *(Please tick* ***one*** *of the options below):** <500 □
* 501 – 1000 □
* 1001 – 5000 □
* 5001 – 10,000 □
* > 10,000) □
 |
| **Which of the Programmes in Ireland does the company feature currently sell/will feature if a new buyer****i.e. Wild Atlantic Way, Dublin or Irelands Ancient East?** |  |
| **Please provide information on the client profile of the company – leisure or corporate, FIT or group, culture or activity focus, requirement for night entertainment etc – and their typical holiday motivations.** |  |
| **Please provide the rooming list of names for this fam.**  |  |
| **FAM TRIP SPECIFIC INFORMATION** **(*Please attach the proposed itinerary for this FAM, including the schedule of activities, attractions and accommodations)*** |
| **What is the objective of this fam trip? (E.g. Increased regional distribution, incremental business, seasonality dispersion, increased visitor numbers, increased revenue, new product type – luxury tours, activity holidays, food tours etc.)** |  |
| **Company level of knowledge of Ireland** |  |

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| **ADDITIONAL INFORMATION** |
| **Are any partners co-sponsoring this trip? If yes, please specify**  |  |
| **Flight/Ferry Details (i.e. arrival and departure times, flight numbers, airport/ferry port, name of carrier)** |  |
| **Is this fam suitable for a mini-workshop or networking event?** |  |

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| ***De Minimis State Aid*** |
| Please note that the award offered is classed as de minimis state aid (EC regulation 1407/2013). As of 1 January 2007 there is a ceiling of €200,000 for all de minimis aid, regardless of the source, given to any one enterprise (including groups) in any rolling 3 year period. The **Fáilte Ireland Trade Fam Support** is made on the understanding that the payment combined with any other de minimis aid received by you in the last 3 years does not exceed the ceiling of €200,000 for all de minimis aid. In order to enable us to maintain our records, we ask that you answer the question below. Has the group received any de minimis state aid in the last 3 years or using de minimis state aid as match funding for this application: **Yes \_\_\_\_ No\_\_\_\_\_****If yes please provide the following details:****Date of Offer:****Name of Body:****Providing Aid:****Purpose of Aid:** **Amount of Aid Received:** |

**Disclosure of Information – Freedom of Information Act**

Fáilte Ireland wishes to advise applicants that, under the Freedom of Information Acts 1997/2003 the information supplied in the application form may be made available on request, subject to Fáilte Ireland’s obligations under law.

You are asked to consider if any of the information supplied by you in this application should not be disclosed because of sensitivity. If this is the case you should, when providing the information, identify same and specify the reasons for its commercial sensitivity. Failte Ireland will consult with you about commercially sensitive information before making a decision on any Freedom of Information request received, although the grantee will be contacted, it is still Fáilte Ireland who will make the final decision on whether to release the information.

However, if you consider that none of the information supplied by you is commercially sensitive, please complete the statement below to that effect. Such information may be released in response to a Freedom of Information request.

**Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** hereby agrees that none of the information supplied is sensitive, and any, or all, of the information supplied, may be released in response to a Freedom of Information request.

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

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

**Disclaimer -please read carefully**

It will be a condition of any application for funding under the terms and conditions of the **Fáilte Ireland Trade Fam Support** that the applicant has read, understood and accepted the following:

1. Fáilte Ireland shall not be liable to the applicant or any other party, in respect of any loss, damage or costs of any nature arising directly or indirectly from:

a) The application or the subject matter of the application

b) The rejection for any reason of any application.

2. Fáilte Ireland shall not be held responsible or liable, at any time in any circumstances, in relation to any matter whatsoever arising in connection with the administration of activities.

**Declaration by Applicant (s)**

I/we have read and understood the criteria applicable to **Fáilte Ireland** **Trade Fam Support** and agree to comply in full therewith. I/we certify that all information provided in this application, and all information given in any documentation submitted in support of the application is truthful and accurate.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: (in block capitals):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of: (organisation's name):

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