

APPLICATION FORM FOR PRIVATE ENTERPRISES

Assessment of [*name of company/organization*]

Author:

Date completed:

A: FACTS AND FIGURES

1. Contact Information

Name of Company/Organization:

Address:

Telephone number:

Fax number:

Website:

2. Corporate headquarters contact information (if different from above):

3. Type of company/organization (public, private, legal entity etc):

4. Number of employees (including subsidiaries, if known):

5. Sector of activity (e.g. food and beverage, automotive, information technology, petrochemicals, etc):

6. Main products (list only most important or attach a full list of products if available):

7. Does the company/organization manufacture or sell any products related to the alcohol, tobacco or arms industries? ☐ Yes ☐ No

7(a). Do you receive funding from alcohol, tobacco or arm industries? ☐ Yes ☐ No

8. Parent company or major subsidiaries (attach a full list, if available):

9. Countries or regions where company does business (attach a full list, if available):

10. Target audience/customers:

11. Latest Annual Report from [indicate year] (include in file)

12. Does the company/organization work with any other program, practices or partnerships?
13. SENIOR EXECUTIVES
a. For company/organization being assessed:
President or CEO:
Chairman:
b. For parent company (if different from above)
President or CEO of mother company:
Chairman of mother company:
c. PAHO contacts within the company:
B. ETHICAL INFORMATION
1. Mission statement (attach if available)
2. Social Responsibility (attach copies of relevant company policies or reports)
a. Does the company/organization have a history of corporate philanthropy or corporate giving? ___ Yes ___ No
Include name of corporate foundation if relevant:
b. Does the company/organization give to health -related issues or causes? ___ Yes ___ No