

FRANCHISEE APPLICATION FORM

ABOUT YOUR FRANCHISE

DO YOU HAVE A PREFERENCE FOR:

Tress Lounge Hair Raiserz

PREFERRED LOCATION OF THE BUSINESS, EXISTING OR NEW:

1.
2.
3.

REASONS FOR CHOOSING THIS LOCATION

(e.g. population, main businesses e.t.c)

.....
.....

WHAT FUNDING DO YOU CURRENTLY HAVE AVAILABLE?

.....
.....

HOW WOULD YOU RAISE THE CAPITAL TO FINANCE YOUR FRANCHISE BUSINESS?

.....
.....
.....

EMPLOYMENT HISTORY

SALON/JOB TITLE:	DATES:
.....
.....
.....
.....
.....

PREVIOUS TWO EMPLOYER'S DETAILS:

1. EMPLOYER'S NAME:
.....
.....
1. EMPLOYER'S EMAIL/CONTACT NO:
E.....T.....
2. EMPLOYER'S NAME:
.....
.....
2. EMPLOYER'S EMAIL/CONTACT NO:
E.....T.....

EDUCATION HISTORY

QUALIFICATION:	DATES:
.....
.....
.....
.....

GENERAL INFORMATION

WHAT ATTRACTS YOU TO OUR BRAND?
.....
.....

WHY DO YOU FEEL YOU WOULD MAKE AN OUTSTANDING BUSINESS LEADER?
.....
.....

HOW WILL OWNING YOUR OWN BUSINESS HELP YOU ACHIEVE YOUR AMBITIONS?
.....
.....

WHAT STRENGTHS WILL YOU BRING TO OUR BRAND?
.....
.....

IN WHICH AREAS OF BUSINESS ARE YOU LEAST CONFIDENT?
.....
.....

WHAT DO YOU KNOW ABOUT THE INDUSTRY, OUR MARKET, PRODUCTS & SERVICES?
.....
.....

FRANCHISEE APPLICATION FORM

If this application is to be in the name of more than one person please complete both applicants sections.

PERSONAL DETAILS APPLICANT 1

FULL NAME

.....

RESIDENTIAL ADDRESS:

.....

POST CODE:

.....

LENGTH OF TIME AT ADDRESS:

.....

ARE YOU AN OWNER/TENANT/OTHER:

.....

MALE FEMALE

MARITAL STATUS:

.....

DO YOU HAVE ANY DEPENDANTS?

.....

NATIONALITY/NI NUMBER:

.....

CONTACT DETAILS (please tick your preferred method of contact)

HOME

MOBILE

E-MAIL

WORK

HAVE YOU EVER BEEN REFUSED ANY TYPE OF INSURANCE?

.....

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?

YES NO

IF YES PLEASE GIVE DETAILS AND PROVIDE A POLICE RECORD?

.....

HAVE YOU EVER BEEN DECLARED BANKRUPT?

YES NO

PERSONAL DETAILS APPLICANT 2

FULL NAME

.....

RESIDENTIAL ADDRESS:

.....

POST CODE:

.....

LENGTH OF TIME AT ADDRESS:

.....

ARE YOU AN OWNER/TENANT/OTHER:

.....

MALE FEMALE

MARITAL STATUS:

.....

DO YOU HAVE ANY DEPENDANTS?

.....

NATIONALITY/NI NUMBER:

.....

CONTACT DETAILS (please tick your preferred method of contact)

HOME

MOBILE

E-MAIL

WORK

HAVE YOU EVER BEEN REFUSED ANY TYPE OF INSURANCE?

.....

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YES NO

IF YES PLEASE GIVE DETAILS AND PROVIDE A POLICE RECORD?

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HAVE YOU EVER BEEN DECLARED BANKRUPT?

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