



"Development through drama!"

FRANCHISE APPLICATION

FORM A

CONFIDENTIAL

NAME: _____

DATE: _____

TERRITORY: _____

The attached application is provided to help us get to know you better and determine your suitability as a franchisee. It should be completed fully in your own handwriting.

We suggest that the information be current and accurate.

This application is not a contract and is not binding on either party. It will be treated as confidential.

Please do not be offended if after preliminary discussions, we consider you unsuitable as a Franchisee. We believe the success of our Franchise Program has been due to the careful choice of each Franchisee.

Helen O.Grady Franchise Services Inc
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Email: nancy@helenogradyfranchise.com Website: www.helenogradyfranchise.com

[A] PERSONAL PARTICULARS (please print)

The information contained in this form is confidential and the details will not be divulged to any person without authority.

Current
Photograph

Surname: _____

Given Names: _____

Address: _____

_____ Postal Code: _____

Tel: (Home) _____ (Mobile) _____

(Office) _____ (Fax) _____

Email: _____

Date of Birth: _____ Passport No.: _____

Nationality: _____ Marital Status: _____

Spouse's Name: _____ Age: _____

Spouse's Occupation: _____

No. of Children: _____ Age of Children: _____

How long have you lived at your present address? _____

Previous Address: _____

How long did you live there? _____

[B] QUESTIONNAIRE

In order for both an individual and a company to grow, they must have common goals and beliefs. The following questionnaire will help us to understand your needs and ascertain if they correspond with those of our organisation. Please be frank with your answers.

1. What is your current occupation?

Position: _____ Employment Period: _____

Company: _____

Address: _____

Type of Business: _____

Describe responsibilities and number of people under your supervision: _____

2. Please list your academic and professional qualifications.

3. Please circle the word which describes your health: poor, fair, good.

Describe any physical disabilities and/or health problems: _____

4. Have you ever been declared bankrupt? _____

5. List your interests and special skills: _____

6. Why are you interested in the Helen O’Grady Drama Academy Franchise business?

7. In your opinion, what are the benefits of joining a franchise as compared to being on your own?

8. How do you propose to expand the business in your area?

9. Which of your qualities and skills do you believe are valuable if you become part of this Franchise?

10. Based on mutual acceptance, when can you start the business?

I understand that the purpose of this application is to assess my suitability as a Franchisee. It does not obligate the Franchisor or me.

I certify that the above information is true and correct.

Signature: _____

Date: _____