



PO Box 6520 Coffs Harbour Plaza NSW 2450

p: 0411 103 867 / f: 02 6653 7002

duncan@girlfit.com.au

www.girlfit.com.au

ABN 11 145 852 044

Licensee Application Form

Thank you for your interest in becoming a Girlfit Licensee. All personal and financial information is held in the strictest confidence. **Please note:** This application is for assessment purposes only and does not grant the applicant/s any right or license.

Return this completed application to Girlfit Group Pty Ltd upon completion by fax 02 6653 7002, scan & email duncan@girlfit.com.au or post to PO Box 6520 Coffs Harbour Plaza NSW 2450.

Date	
How did you hear about girlfit?	

Personal Information					
Full name (and preferred name)					
Address					
Suburb		State		PC	
Telephone	Business	()			
	Home	()			
	Mobile				
Email					
Date of Birth					
Are you legally entitled to work in Australia?			Yes	No	
Date available to commence business?					
Do you hold a current driver's licence?			Yes	No	
Contact in case of emergency	Name				
	Relationship				
	Telephone	Home	()		
Mobile		()			
Do you have any physical disability or medical condition which would affect your ability to do the job? If yes, please give details below:			Yes	No	
Will you agree to undergo a medical examination, if required, should you be offered the position?			Yes	No	
Do you speak, read or write any language other than English? If yes, please give details			Yes	No	
Are you aware of any circumstances which might adversely affect your long-term ability to satisfactorily perform in the business? If yes, please give details.			Yes	No	

Education				
Schools, Colleges and Universities Attended	Dates		Full or Part-Time	Certificate, Diploma, Degree Obtained
	From	To		

Personal Background	
Membership of Relevant Bodies, Associations, Institutes, etc.	Hobbies, Interests, Sporting Activities etc.

Skills Self Analysis (Rank your skills for each competency 1=Not competent to 5=Expert)	
Face to face sales	
Face to face service	
Personal training	
Business management	
Staff management	
Time management	
Initiative	
Commitment	
Personal presentation	
Competitiveness	
Problem solving	

Employment or Business Ownership History

Current or Last Position	From	To
Employer's Name		
Industry		
Address		
Telephone Number		
Position Title		
Responsible To		
Reason for Leaving		
Key Responsibilities		
1.		
2.		
3.		
4.		
Wage (plus commissions/bonuses)		\$

Previous Position	From	To
Employer's Name		
Industry		
Address		
Telephone Number		
Position Title		
Responsible To		
Reason for Leaving		
Key Responsibilities		
1.		
2.		
3.		
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Wage (plus commissions/bonuses)		\$

Previous Position	From	To
Employer's Name		
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Address		
Telephone Number		
Position Title		
Responsible To		
Reason for Leaving		
Key Responsibilities		
1.		
2.		
3.		
4.		
Wage (plus commissions/bonuses)		\$

Employment or Business Ownership Referees <i>(Previous immediate superiors are required, if possible)</i>	
Name	
Telephone	
Referee's Position	
Relationship to Applicant	
Company	
Address	
Name	
Telephone	
Referee's Position	
Relationship to Applicant	
Company	
Address	
Name	
Telephone	
Referee's Position	
Relationship to Applicant	
Company	
Address	
Name	
Telephone	
Referee's Position	
Relationship to Applicant	
Company	
Address	

Have you ever owned your own business? YES NO

If yes, please provide details _____

Are you planning on owning this business alone? YES NO

Are you planning on working in the business yourself? YES NO

How much equity do you have access to and are willing to invest into your new business?
 \$50k - \$100k \$101k - \$150k \$151k - \$200k \$201k - \$250k \$251K+

Have you ever been involved in a civil lawsuit or charged with a criminal offence? YES NO

Have you ever declared bankruptcy? YES NO

In the last 10 years, have you defaulted on any credit arrangements? YES NO

What geographical area do you anticipate operating your new business? _____

Are you interested in owning more than one licensed area? YES NO