



# LONELY PETS CLUB

## FRANCHISE APPLICATION FORM

### CONFIDENTIAL EXPRESSION OF INTEREST

This document IS NOT A CONTRACT and does not obligate either party in any way. You are requested to fill out this form in complete detail so that we can better evaluate your interest.

The information provided is held in absolute confidence.

NOTE: Please attach a CV for each person involved in the enquiry.

APPLICANT'S NAME(S): \_\_\_\_\_

Where did you hear about Lonely Pets Club? \_\_\_\_\_

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

Email Address: \_\_\_\_\_

FRANCHISE APPLICATION

CONFIDENTIAL

LONELY PETS CLUB FRANCHISING PTY LTD

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PERSONAL DETAILS

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Do you own the property you live in? \_\_\_\_

Previous Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse/Partner: \_\_\_\_\_

Number of Children: \_\_\_\_ Ages: \_\_\_\_\_ Number of other dependents? \_\_\_\_\_

Spouse/Partner Occupation: \_\_\_\_\_

SKILLS QUALIFICATIONS AND INTERESTS

Please describe any skills, qualifications or interests you have which may be relevant.

\_\_\_\_\_

Highest School Level Attained: \_\_\_\_\_

Trade/Academic/Tertiary Qualifications: \_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT EXPERIENCE

Name of Current Employer: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

\_\_\_\_\_

Current Salary & Benefits \$ \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_



Please list your work experience for the last eight (8) years

Date	Company name	Occupation/position	Salary & benefits

1. How do you see the role of a LONELY PETS CLUB Franchisee?

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2. How will your past experience help you to succeed as a LONELY PETS CLUB Franchisee?

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1. What are the personal strengths and qualities that you would bring to the LONELY PETS CLUB Franchise network?

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**REFEREES (NOT RELATIVES)**

Name	Address	Phone

**MEDICAL INFORMATION**

What is the general state of your health?

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Please describe any physical disabilities or limitations

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**RELATIONSHIPS**

Do you anticipate your spouse/partner being involved in the business?

Yes / No (please circle). If yes, to what extent: \_\_\_\_\_



To the best of your knowledge are you related to any Director or employee of LONELY PETS CLUB or any of its associated companies, or advisers? \_\_\_\_\_

If yes, please name them: \_\_\_\_\_ Position: \_\_\_\_\_

**FINANCIAL REFEREES (NOT RELATIVES)**

Name	Address	Phone

**PERSONAL FINANCIAL STATEMENT**

**LIABILITIES**

**ASSETS (you may be asked to furnish proof)**

MORTGAGES \$ \_\_\_\_\_

HOME \$ \_\_\_\_\_

HIRE PURCHASE \$ \_\_\_\_\_

BANK DEPOSITS \$ \_\_\_\_\_

LEASE AGREEMENTS \$ \_\_\_\_\_

CASH \$ \_\_\_\_\_

**CREDIT CARDS**

SHARES \$ \_\_\_\_\_

- VISA \$ \_\_\_\_\_

REAL ESTATE \$ \_\_\_\_\_

- Mastercard \$ \_\_\_\_\_

LIFE INSURANCES \$ \_\_\_\_\_

- Other \$ \_\_\_\_\_

\$ \_\_\_\_\_

CREDIT CARD TOTAL \$ \_\_\_\_\_

SUPERANNUATION \$ \_\_\_\_\_

BANK LOANS \$ \_\_\_\_\_

MOTOR VEHICLES \$ \_\_\_\_\_

TAXATION \$ \_\_\_\_\_

DEBTORS \$ \_\_\_\_\_

RATES \$ \_\_\_\_\_

PERSONAL EFFECTS \$ \_\_\_\_\_

LAND TAX \$ \_\_\_\_\_

OTHER LIABILITIES \$ \_\_\_\_\_

OTHER INCOME \$ \_\_\_\_\_

(detail other liabilities): \_\_\_\_\_

(detail other income): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL LIABILITIES \$ \_\_\_\_\_

TOTAL ASSETS \$ \_\_\_\_\_

**WEEKLY COMMITMENTS**

MORTGAGE REPAYMENT \$ \_\_\_\_\_

MOTOR VEHICLES \$ \_\_\_\_\_

FURNITURE HP \$ \_\_\_\_\_

LIVING EXPENSES \$ \_\_\_\_\_

TOTAL WEEKLY



OUTGOINGS \$ \_\_\_\_\_

OTHER DETAILS

Are you a declared or undeclared bankrupt? \_\_\_\_\_

Is any legal action current or pending against you or any company associated with you?

\_\_\_\_\_

Is your application on behalf of a Company? \_\_\_\_\_

Company Name: \_\_\_\_\_

ACN: \_\_\_\_\_ ABN: \_\_\_\_\_

Secretary: \_\_\_\_\_ Directors: \_\_\_\_\_

Shareholders: \_\_\_\_\_

Is it a Trust Company? \_\_\_\_\_ Name/type of Trust: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

The net monthly income needed to maintain your standard of living \$ \_\_\_\_\_

Your Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

When did you decide to get into a business of your own?

\_\_\_\_\_

Do you plan to have a financial partner?

\_\_\_\_\_

If yes, will he/she be active in the business?

\_\_\_\_\_

It is understood that the purpose of this application is for information only. It is in no way binding upon either LONELY PETS CLUB or the applicant. The undersigned certifies that the information provided is true and correct, and acknowledges that it will be relied upon by LONELY PETS CLUB in assessing the candidate's suitability as a Franchisee.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## FRANCHISEE PROFILE QUESTIONNAIRE

Congratulations on the decision to examine our franchise opportunity more closely.

This questionnaire is designed to help us assess your suitability to this business and our franchise system. We need to be very confident that your style, personality and skills are matched to the franchised business to minimise any risks of failure. The futures of the Franchisor, the Franchise group and yourself will all be dependent upon your abilities and suitability for this system, so we all need to make sure that you can work well with each other in the system.

Each question has a multiple-choice answer so you will find it quite easy to tick the most appropriate box. If you are uncertain, then please tick the option closest to your own viewpoint.

This should only take a few minutes for you to complete, so please answer honestly and do not rush through it. There is no point in kidding yourself with this exercise; it may only cause you difficulty in the future. Your answers are important to the Franchisor and we must be sure that your overall profile is reflected in your answers. In the event that your profile is considered out of line with our objectives, it does not mean that you are not suited to being in business for yourself, it simply means that in our opinion you may not be suited to this particular franchise business.

There are three sections, so please work your way through them and carefully answer all questions.

Thank you for taking the time to complete this process.

Tick the box which best describes your abilities or situation.

Personal

	Low	Medium	High
Your tolerance to disciplined systems and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to work well in a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your assessment of your people skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have strong Leadership skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How assertive are you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your sense of humour rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How entrepreneurial are you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your level of self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How strong is your competitive streak?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What about your attention to detail?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you describe your family's support of the move into your own business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of family involvement in the business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate your personal hygiene?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much of a priority is being prompt for meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you relish a good challenge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you hungry for Financial Success?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you give up on problems easily?	Yes		No
Do you have a safe driving record?	Yes		No

Please rate your skills in the following areas

Experience and Skills

	Low	Medium	High
Business experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience in this industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salesmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with objections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negotiation techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisational ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding Financial reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merchandising/Display skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer literacy, word processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer skills Excel, Internet, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community involvement & support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Working unsupervised

  

### Your Expectations

Please rate for us, or answer in more detail where appropriate, the expectations that you currently have of a franchise in our business and your likely success in it.

1. How would you categorise your income (including salary) expectations from the business, once established?

- a) \$ 35,000 pa
- b) \$ 55,000 pa
- c) \$ 75,000 pa
- d) \$ \_\_\_\_\_pa

Between how many people? \_\_\_\_\_

2. How many hours would you expect to work in a typical week  
\_\_\_\_\_ hours

3. What impact do you think the business will have on your family life?

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4. How often do you think you will be able to take holidays and for what period?

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5. How long would you expect to stay in this business? \_\_\_\_\_Yrs

6. Do you expect to commit yourself to the business full-time? Yes / No

7. Do you understand the need to follow the Franchise business systems stringently? \_\_\_\_\_

Signed by, (Name): \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_



PLEASE DO NOT WRITE BELOW THIS LINE

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THIS SECTION TO BE COMPLETED BY LONELY PETS CLUB

General Comments:

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Personal References: (1) \_\_\_\_\_

\_\_\_\_\_

(2) \_\_\_\_\_

\_\_\_\_\_

(3) \_\_\_\_\_

\_\_\_\_\_

Credit References: (1) \_\_\_\_\_

\_\_\_\_\_

(2) \_\_\_\_\_

\_\_\_\_\_

(3) \_\_\_\_\_

\_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVAL SIGN-OFFS

Recommendation Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Recommendation Approved: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

