



PFF PTY LTD
POLE FEVER STUDIOS
FRANCHISE APPLICATION

CONFIDENTIAL

This form will aid you in preparing and presenting personal information that is essential to our consideration in granting a franchise.

The completion of this report places no continuing obligation either on PFF Franchising Pty Ltd or the applicant.

Applicant's name: _____ Date: _____



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Personal Details

Full Name:

Address:

Postcode

Telephone: (After hours)

(Business hours)

Mobile:

Facsimile:

Email:

Marital Status:

Nationality:

Date of Birth:

Husband/Partner's Name:

Husband/Partner's Occupation:

Number of Children:

Ages:

Current driver's licence ☐ Yes ☐ No

Current/ past fitness or health issues:

Career History

1. Company/ Business:

Position/Title:

Industry:

Dates:

Income:

Primary Task and Responsibilities:

Reasons for leaving:

2. Company/ Business:

Position/Title:

Industry:

Dates:

Income:

Primary Task and Responsibilities:

Reasons for leaving:

3. Company/ Business:

Position/Title:

Industry:

Dates:

Income:

Primary Task and Responsibilities:

Reasons for leaving:



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Fitness/ other qualifications

(Please include both professional, secondary education, TAFE and other)

1. Name of Learning Institution:

Qualification gained:

Skills gained:

2. Name of Learning Institution:

Qualification gained:

Skills gained:

3. Name of Learning Institution:

Qualification gained:

Skills gained:

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Experience

Please answer the following questions regarding your professional and business experience.

Have you had any experience in managing your own business? If so, please give details:

Please give details of your experience with pole fitness/ fitness instruction:

Please give details of your experience in managing your time:



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Your Business Goals & Other Details

Explain the main motivating forces that have affected your interest in Pole Fever Fitness:

How do you intend to fund the purchase of a Pole Fever Fitness studio ?

What qualities do you have that you believe are important if you become part of the Pole Fever Fitness franchise team?

Is there a preferred area/ location in which you would like to operate a Pole Fever Fitness studio?

If so, please specify why:

What are some of your general interests?



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What are some of your sporting/ fitness interests?

Are you involved in any sporting/ community groups? Please detail:

What sports/ hobbies are you currently involved in?

What constraints are currently on your time?

What childcare responsibilities do you have?

What is your attitude toward weekend/ evening work?



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Have you ever owned a franchise business?

What 3 things do you want to achieve in the next ten years?

What are 3 things you do very well?

What are 3 things you wish you did better?

What are your 3 most admirable character traits?

What are your 3 most challenging character traits?



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Please provide some compelling reasons why you should be accepted as a Pole Fever Fitness Franchisee



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Rate Yourself

0 being the lowest and 10 being the highest. Please tick appropriate level.

Training skills

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Self organising ability

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Customer service

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Ability to follow procedures

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Fitness

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Discipline

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Experience in dealing with people

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Energy and drive

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Experience in running your own business

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Networking

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Communication skills

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

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Statement of Financial Position

	Assets	Liabilities	
	\$ Value	\$ Value	\$Monthly Payments
Real Estate 1			
Real Estate 2			
Real Estate 3			
Bank Account 1			
Bank Account 2			
Bank Account 3			
Motor Vehicle 1			
Motor Vehicle 2			
Share/Bonds			
Other Investments			
Other Assets			
Personal Loans			
Overdrafts			
Personal Guarantees			
Credit Cards			
TOTAL			
Net Position			

Your Solicitor:

Phone:

Your Accountant:

Phone:

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Important Questions

Are you comfortable about the idea of working in co-operation with Pole Fever Fitness and do you accept that a number of disciplines exist in a franchise system, in particular, working under the direction/ guidance of the Franchisor?

Yes ☐ No ☐

Do you know that a franchise is only granted for a defined period at the end of which the Franchisor is not obligated to renew unless there is an express provision for renewal in the Franchise Agreement?

Yes ☐ No ☐

As well as obtaining legal, accounting and financial advice with respect to the Franchise Agreement, do you intend to read it yourself?

Yes ☐ No ☐

Are you aware certain information provided and/ or advised to you is confidential and shall not be divulged to any third person unless Pole Fever Fitness gives its prior approval?

Yes ☐ No ☐

Do you understand that you should make your own enquiries and obtain your own advice when considering this franchise business opportunity?

Yes ☐ No ☐

Please advise what representations have been made to you and by whom.

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Referees

Please detail the names of some work/ business/ personal referees whom we may contact. We will contact you before we contact anyone.

When providing references, it is preferable to provide names of individuals who are directly in charge of you or who have known you professionally.

In order to ensure your application remains strictly confidential, unless otherwise stipulated, your current employer will not be contacted at any stage.

- | | |
|------------|-----------|
| 1. Name | Company: |
| Telephone: | Position: |
| 2. Name | Company: |
| Telephone: | Position: |
| 3. Name | Company: |
| Telephone: | Position: |

Declaration

I

of

declare as follows:

1. I have answered the questions and provided the information in this application to the best of my knowledge and belief and as far as I am aware the answers to the information are true and correct in all respects and that no relevant details have been omitted; and
2. I acknowledge that if any information included in this application is false or misleading in any way, PFF Franchising Pty Ltd shall have the right to terminate any Franchise Agreement entered to on the basis of the information contained in this application.

I acknowledge and agree that PFF Franchising Pty Ltd:

1. Is collecting the information contained in this application to assess whether I should be considered as a potential Franchisee;
2. Is relying upon the information contained in the application as a material factor in considering this application;
3. Is authorised to contact any appropriate third parties to verify the accuracy of the information in this application and to retain any information obtained for its records;
4. May provide the information contained in this application to its professional advisors; and
5. May retain copies of this application for its records, whether or not the application is successful.

Signed

Date

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Checklist

Page 1	Personal Details <input type="checkbox"/> Career History <input type="checkbox"/> Professional Associations <input type="checkbox"/>
Page 2	Qualifications <input type="checkbox"/>
Page 3	Experience <input type="checkbox"/>
Page 4, 5, 6, 7	Your Business Goals and Other Details <input type="checkbox"/>
Page 8	Rate Yourself <input type="checkbox"/>
Page 9	Statement of Financial Position <input type="checkbox"/> Your Solicitor <input type="checkbox"/> Your Accountant <input type="checkbox"/>
Page 10	Important Questions <input type="checkbox"/>
Page 11	Referees <input type="checkbox"/>
Page 12	Declaration <input type="checkbox"/>
Page 13	Check List <input type="checkbox"/>

Thank you for completing this franchise application form, it will greatly assist us in getting to know you better.

Sabrina Waller
CEO
PFF Franchising Pty Ltd