PROFITUNE BUSINESS SYSTEMS

Better management, bigger profits





Confidential Application Form

This questionnaire will aid in presenting personal information for the confidential use of ProfiTune Business Systems Pty Ltd a. Please complete it in as much detail as possible. This questionnaire **does not constitute the offer** of a Licence or training. It is merely an invitation to treat and is to be completed by all those expressing an interest in becoming a ProfiTune Licensee and/or a ProfiTune Business Improvement Specialist™.

Please complete and return to
ProfiTune Business Systems Pty Ltd Ph (61) (07) 5510 3555

By Mail PO Box 8917, GCMC, QLD 9726 Or Fax (61) (07) 5510 3544

Or Email peter.rowe@profitune.com

1. PERSONAL INFORMATION

Name

Address			
Town/City		State	Postcode
Country			
Business Phone	()	Best Time To Cal	l
Residential Phone	()	Best Time To Cal	
Mobile	()	Best Time To Cal	
Fax	()	E-mail	
Date of Birth		Occupation	
Marital Status		Name of Partner	
This is applicable for "Husb	and & Wife" teams.		
2. EDUCATION Tertiary/Profession		(it is important to include any <u>N</u>	NLP Courses)
Name of Institute			
Degree/Diploma			ear completed
Name of Institute			
Degree/Diploma			ear completed
Name of Institute			
Degree/Diploma			ear completed

3. EMPLOYMENT HISTORY	(beginning with most current for past 5 years)
From	То
Company Name	Position
Description of Your Work Responsibilities	
From	То
Company Name	Position
Description of Your Work Responsibilities	
Even	To
Company Name	To Position
Description of Your Work Responsibilities	
From	То
Company Name	Position
Description of Your Work Responsibilities	
From	To
Company Name	Position
Description of Your Work Responsibilities	

For other Employment, which you deem relevant, please use the attached Additional Information Sheet or attach your own CV.

Business:

4. PERSONAL & BUSINESS REFEREES

Kindly list three business referees who have known you for a period of five years or more, and three personal referees. By so indicating, you also give us permission to contact them to seek further information about yourself.

Name	Position	
Company Name	Phone #	
Name	Position	
Company Name	Phone #	
Name	Position	
Company Name	Phone #	
Personal:		
Name	Relationship	
Years Known	Dhono #	
Name	Relationship	
Years Known	Phone #	
Name	Relationship	
Years Known	Phone #	

5. OTHER INFORMATION

(a)	If selected as a licensee, your involvement would be (tick one):		
		Full -Time (Active Owner/Operator Part -Time (With Other Business Passive Owner (Investment Only)	Interests)
(b)		owner/operator), please explain or now your previous management exp	
(c)	Who would have day-to-day operational responsibility?		
		Title th brief resumes if not yourself)	
(d)	•	I Information Sheet, describe how e enabled others to be successful?	your previous coaching and
Wł	nen would you like to	commence training?:	
	Comment		
6. 0	ERTIFICATIO	N and AUTHORISATIO	N
comple Busine of the I attest interes Specia	etely, truthfully and actes Systems are authorized and acted and acted at that I meet the require the becoming a Proficilist TM. I understand the sidering my application	ed the Confidential Application Form curately as possible as of the date orized to contact any appropriate the herein and to retain such information rements as explained to me and the fune Licensee and/or a ProfiTune Enat you may rely upon all the above in to become one of your Licensees	shown below. ProfiTune ird parties to verify the accuracy on for its records. at I am formally expressing my Business Improvement information as a material factor
Signed	I		Date

Office Use Only		
Date received:	Lead source:	Orientation Date:
Deposit paid:	Refs Checked:	Academy Date:

CONFIDENTIAL – Additional Information Sheet

Additional Information Sheet (Please indicate question number)