

Edublox: Franchisee Application form

1. Personal Information

The information you provide will be treated in the strictest confidence and will not be made available to any other parties without your express permission.

Thanking you in advance

Henk du Plessis
Director: Edublox (PTY) Ltd

1. Personal information

- a. Full names
- b. Preferred Name
- c. Surname
- d. Title
- e. ID number
- f. Citizenship

2. Marital status

- i. Single
- ii. Married
- iii. Engaged
- iv. Divorced
- v. Widowed

3. Home language

- i. English
- ii. Afrikaans
- iii. Other (Specify)

4. Contact and address details

- a. Tel (W)
- b. Tel (H)
- c. Cell
- d. Email address
- e. Physical address
- f. Years at current address

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2. Qualifications and Work Experience

1. Qualifications

Qualification 1	<input type="text"/>
Year	<input type="text"/>
Qualification 2	<input type="text"/>
Year	<input type="text"/>
Qualification 3	<input type="text"/>
Year	<input type="text"/>
Qualification 4	<input type="text"/>
Year	<input type="text"/>

2. Other qualifications and courses attended

3. Current employment

Employer	<input type="text"/>
Position	<input type="text"/>
Responsibilities	<input type="text"/>
Year (From)	<input type="text"/>

4. Work experience

Employer 1	<input type="text"/>
Position	<input type="text"/>
Years (From - To)	<input type="text"/>
Employer 2	<input type="text"/>
Position	<input type="text"/>
Years (From - To)	<input type="text"/>
Employer 3	<input type="text"/>
Position	<input type="text"/>
Years (From - To)	<input type="text"/>
Employer 4	<input type="text"/>
Position	<input type="text"/>
Years (From - To)	<input type="text"/>

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5. References

Name (Reference 1)	<input type="text"/>
Position	<input type="text"/>
Company	<input type="text"/>
Tel	<input type="text"/>
Name (Reference 2)	<input type="text"/>
Position	<input type="text"/>
Company	<input type="text"/>
Tel	<input type="text"/>
Name (Reference 3)	<input type="text"/>
Position	<input type="text"/>
Company	<input type="text"/>
Tel	<input type="text"/>

* 6. Do you want to add more work experience?

Yes

No

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3. Work Experience (Continued)

1. Work experience

Employer 5	<input type="text"/>
Position	<input type="text"/>
Years (From - To)	<input type="text"/>
Employer 6	<input type="text"/>
Position	<input type="text"/>
Years (From - To)	<input type="text"/>
Employer 7	<input type="text"/>
Position	<input type="text"/>
Years (From - To)	<input type="text"/>
Employer 8	<input type="text"/>
Position	<input type="text"/>
Years (From - To)	<input type="text"/>
Employer 9	<input type="text"/>
Position	<input type="text"/>
Years (From - To)	<input type="text"/>
Employer 10	<input type="text"/>
Position	<input type="text"/>
Years (From - To)	<input type="text"/>

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4. Skills and Personal Information

1. Language skills

	Excellent	Average	Poor
Eng (Speak)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eng (Write)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afr (Speak)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afr (Write)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 1 (Speak)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 1 (Write)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 2 (Speak)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 2 (Write)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify (Other)

2. Computer skills

	Excellent	Average	Poor
MS Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powerpoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Network Sites (e.g. Facebook, Blogs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other if applicable

3. Criminal Record

Yes

No

If Yes - Comment

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5. Franchise information

1. Why are you interested in an Edublox reading and learning clinic franchise?

2. Territory preferred in:

Province

Town/city

Suburb(s)

3. Main schools in preferred area
(Name of school and number of learners)

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

4. Proposed starting date for business

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5. How will you pay for the franchise?

- i. Finance
- ii. Bond
- iii. Cash
- iv. Loan
- v. Other

Other (please specify)

6. Please indicate the percentage of your own funds you will utilise to purchase the franchise.

Percentage

Own
contribution

7. How did you find out about the franchise opportunity?

- i. Brochure
- ii. Advertisement
- iii. Reference
- iv. Internet
- v. Other

Other (please specify)

8. Questions about the franchise opportunity

* 9. I hereby confirm that Edublox may contact the references as provided

Yes

No

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* 10. I hereby confirm that the information provided is correct to the best of my knowledge

Yes

No

11. Please enter application submission date

Date: DD / MM / YYYY