



...in your store

Full franchise application form

name:		mr, mrs, ms:	
address:			
		postcode:	
phone no. (am):		phone no. (pm):	
mobile no:		the best time to call is:	
fax number:		email:	
will you have a partner involved in the business?:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
if so, who?:			

Past Employment information

current or most recent employer or business:	
most recent annual income:	
most recent role and responsibilities:	

What do you like most about your past jobs or businesses?

What do you like least about your past jobs or businesses?

What do you consider your greatest achievement?

On the basis of your past experience, your strengths / best skills are:

1	
2	
3	

...and your weaknesses are:

1	
2	
3	

How would you rate your sales ability?

What professional affiliations and hobbies do you have?

professional:	
hobbies:	

how long have you been looking for a franchise?:

what kind of businesses/franchises have you looked at?:

have you ever had a business failure/bankruptcy?:

have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offender Act 1974?:

Please tick 5 statements that best describe you and what you are looking for:

<input type="checkbox"/>	I look forward in working together	<input type="checkbox"/>	I like managing people	<input type="checkbox"/>	I like working hard
<input type="checkbox"/>	I like taking risks	<input type="checkbox"/>	I am computer literate	<input type="checkbox"/>	I am happy working to tight deadlines
<input type="checkbox"/>	I want a management opportunity	<input type="checkbox"/>	I want to work 9-5 only	<input type="checkbox"/>	I like driving
<input type="checkbox"/>	Weekend work is ok	<input type="checkbox"/>	I am good at marketing	<input type="checkbox"/>	I am good at selling
<input type="checkbox"/>	My family support me	<input type="checkbox"/>	I enjoy meeting new people		

when do you want to start your new business?:	
where?:	
are you willing to move?:	
would you be involved on a part time or full time basis?:	
how many days will you devote per week?:	
would friends or family be involved in your business?:	Yes <input type="checkbox"/> No <input type="checkbox"/>
if so who?:	

About you!

Attitude and values – Please select 15 words or phrases that best describe you and tick the ones selected

<input type="checkbox"/>	Accurate	<input type="checkbox"/>	Decisive	<input type="checkbox"/>	Leader	<input type="checkbox"/>	Results driven
<input type="checkbox"/>	Adventurous	<input type="checkbox"/>	Diplomatic	<input type="checkbox"/>	Mature	<input type="checkbox"/>	Risk taker
<input type="checkbox"/>	Ambitious	<input type="checkbox"/>	Direct	<input type="checkbox"/>	Money orientated	<input type="checkbox"/>	Self starter
<input type="checkbox"/>	Amicable	<input type="checkbox"/>	Enthusiastic	<input type="checkbox"/>	Motivated	<input type="checkbox"/>	Service orientated
<input type="checkbox"/>	Analytical	<input type="checkbox"/>	Fact finder	<input type="checkbox"/>	Open minded	<input type="checkbox"/>	Sincere
<input type="checkbox"/>	Charming	<input type="checkbox"/>	Flexible	<input type="checkbox"/>	Optimistic	<input type="checkbox"/>	Sociable
<input type="checkbox"/>	Competitive	<input type="checkbox"/>	Focused	<input type="checkbox"/>	Outgoing	<input type="checkbox"/>	Stable
<input type="checkbox"/>	Conscientious	<input type="checkbox"/>	Friendly	<input type="checkbox"/>	Patient	<input type="checkbox"/>	Supportive
<input type="checkbox"/>	Confident	<input type="checkbox"/>	Good listener	<input type="checkbox"/>	Persistent	<input type="checkbox"/>	Team player
<input type="checkbox"/>	Conservative	<input type="checkbox"/>	Growth orientated	<input type="checkbox"/>	Persuasive	<input type="checkbox"/>	Thinker
<input type="checkbox"/>	Considerate	<input type="checkbox"/>	Hard working	<input type="checkbox"/>	Popular	<input type="checkbox"/>	Traditional
<input type="checkbox"/>	Controlling	<input type="checkbox"/>	High standards	<input type="checkbox"/>	Precise	<input type="checkbox"/>	Trusting
<input type="checkbox"/>	Convincing	<input type="checkbox"/>	Impatient	<input type="checkbox"/>	Problem Solver	<input type="checkbox"/>	Understanding
<input type="checkbox"/>	Courteous	<input type="checkbox"/>	Innovative	<input type="checkbox"/>	Relaxed	<input type="checkbox"/>	Unique
<input type="checkbox"/>	Daring	<input type="checkbox"/>	Inspiring	<input type="checkbox"/>	Reliable		

Please rank 10 of the following things that are most important to you on a scale of 1-10 (1 being the most important, 10 being the least important)

<input type="checkbox"/>	Integrity	<input type="checkbox"/>	Success	<input type="checkbox"/>	Fun	<input type="checkbox"/>	Challenger
<input type="checkbox"/>	Accomplishment	<input type="checkbox"/>	Independence	<input type="checkbox"/>	Growth	<input type="checkbox"/>	Control
<input type="checkbox"/>	Freedom	<input type="checkbox"/>	Prestige	<input type="checkbox"/>	Recognition	<input type="checkbox"/>	Health
<input type="checkbox"/>	Family	<input type="checkbox"/>	Fulfilment	<input type="checkbox"/>	Money	<input type="checkbox"/>	Relationships
<input type="checkbox"/>	Contribution	<input type="checkbox"/>	Creativity	<input type="checkbox"/>	Security	<input type="checkbox"/>	Flexibility
<input type="checkbox"/>	Results	<input type="checkbox"/>	Competition	<input type="checkbox"/>	Happiness	<input type="checkbox"/>	Honesty

What 3 things are you expecting from owning your own business / franchise

1	
2	
3	

How will you know when you have found the right business

Financial information

Monies Owed

investment level:	£	mortgage:	£
I would like to earn per year:	£	banks(s):	£
in the first year I'd be happy with?:	£	car:	£
value of home (if owned):	£	lease and / or other:	£
amount of cash available:	£	financial institutions:	£
amount of other available savings:	£	other (estate):	£

Agreement and Submission

All of the information stated herein is a true and correct representation of my personal and financial condition.

By submitting this application I authorise Thorntons plc to take references from any previous employer or business supplied.

I understand that if Thorntons discovers that the information given by me is incorrect, it may withdraw any subsequent offer of a franchise without having to make any payment of compensation to me or it may immediately terminate my appointment as a franchisee should the matter be discovered after my appointment. It is understood that the purpose of this questionnaire is to complete general information and that it is in no way binding upon either Thorntons or the Franchise candidate. This is not a contract.

Credit Check

We will make periodic searches with a credit reference agency, which will keep a record of that search and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency.

Data Protection Notice:

The information provided by the applicant will be used for the sole purpose of evaluating the suitability of the applicant for becoming a Thorntons Franchisee by Thorntons plc. Details relating to unsuccessful applicants will be destroyed within 4 months of the application being made. Details of successful applications will be kept secure for the tenure of their Franchise Agreement. By submitting this application form I consent to the processing of any personal data and sensitive personal data contained in this application. Any data protection queries should be submitted in writing to the Company Secretary, Thorntons plc at the address stated below.

Please help us speed up your application by completing all sections.

Completion of this form is no guarantee that a Thorntons Franchise will be awarded to the applicant.

Thorntons PLC, Thorntons Park Somercotes, Alfreton, Derbyshire, DDE55 4XJ.

signed:	
name (printed):	
date:	