

Please tell us about you. Application Form



Fax back to: 07 5520 1311 or Email: info@v-b-s.com.au

Date: ____/____/____ Job Title: _____
First Name: _____ Last Name: _____
Company Name: _____
Address: _____
City: _____ State: _____ Postcode: _____
Phone Number: _____ Fax: _____
Mobile Number: _____ Email: _____
Website: _____ Sex: M / F
Date of Birth: ____/____/____

I would like to apply to enroll into the following Program;

Kick Start **Business Acumen** **Business Accelerator**

My preferred location is; **Loganholme** **Preferred Day;** M / T / W / TH / F / S

1. What products & / or services do you supply? _____
2. How long have you been in business? _____
3. What is your current turn over? Monthly \$ _____ Annually \$ _____
4. How many hours do you spend working? ON _____ verse IN _____ your business?
5. What areas in your business do you feel are most important (please rank from 1 to 12 in order of importance: 1 being the most & 12 the least)

<input type="checkbox"/> Increase Sales	<input type="checkbox"/> Implementing Systems	<input type="checkbox"/> Branding & Marketing
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Time Management	<input type="checkbox"/> Accountability
<input type="checkbox"/> Self Confidence	<input type="checkbox"/> Financial Management	<input type="checkbox"/> Management & Leadership Skills
<input type="checkbox"/> Business Planning	<input type="checkbox"/> Business Fundamentals	<input type="checkbox"/> Increase Productivity

6. Referring to the top 4 from above, speculate what results you would like to achieve in the coming year.

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7. What inspires you most about participating in your chosen program?

- To be held accountable for my 'to do's'
- To grow my business and my team
- To learn and implement new strategies
- To meet like minded business owners
- To work ON my business

8. What do you say are your Top 4 Attributes? What is great about you?

1. _____ 2. _____
3. _____ 4. _____

9. What are your Top 4 Challenges? What is not so hot about you sometimes?

1. _____ 2. _____
3. _____ 4. _____

10. Are you on any medication or under any physician's care?

- Yes No If Yes, please describe the condition

11. By participating in our program what difference do YOU want to make to your life and your business?

Eg: Increase profit – Powerful relationships – Increased confidence – Better work / life balance

12. What is your biggest CHALLENGE in business?

13. What is your biggest SUCCESS in business to-date?

14. How did you hear about our programs? _____

**Thank you very much and we look forward to
welcoming you into our next program.**