

# Please tell us about you. Application Form



**Email back to: 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: \_\_\_/\_\_\_/\_\_\_

## Additional Participant:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

My preferred location is;  **Albert Park**       **Eltham**

## 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

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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

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12. What is your biggest CHALLENGE in business?

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

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14. How did you hear about our programs? \_\_\_\_\_

15. Preferred payment method: Monthly Installments      or      Upfront      (please circle)

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