INITIAL INTEREST FRANCHISE APPLICATION FORM CONFIDENTIAL



CONTACT DETAILS:	
Name:	
Address:	
Postcode:	
Tel:	Nationality:
Date of birth:	Marital status:
Age of dependant children (if any):	Do you have a driver's licence & access to a car?:
BUSINESS ADDRESS AND TEL (IF DIFFE	ERENT FROM ABOVE):
Name:	
Address:	
Postcode:	
Tel:	Mob:
WHO WILL BE IN CONTROL OF THE DAY- FRANCHISED BUSINESS?	TO-DAY MANAGEMENT OF THE

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BACKGROUND INFORMATION:
How did you hear about Kiddy Cook?
Why do you think you'd make a good franchisee?
Which area are you looking at?
What is the time frame for your launching your Kiddy Cook business?
Are you currently/have been a franchisee or franchisor? If so, which brand(s)?
Please indicate your business experience in the children's activity sector?

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PLEASE USE THIS PAGE TO SUMMARISE YOUR CAREER/BUSINESS BACKGROUND AND ANY PROFESSIONAL QUALIFICATIONS.

COMPANY	POSITION	FROM/TO	SALARY
PROFESSIONAL QUA	ALIFICATIONS.		

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DO YOU HAVE ANY HEALTH PROBLEMS!
No: Yes:*
DO YOU HAVE ANY CONVICTIONS (A) Motoring offences* (B) Other*
HAVE YOU EVER HAD ANY COUNTY COURT JUDGEMENTS AWARDED AGAINST YOU?
HAVE YOU EVER BEEN DECLARED BANKRUPT?*
HAVE YOU EVER BEEN A DIRECTOR OR SHAREHOLDER OF A COMPANY WHICH HAS BEEN LIQUIDATED?*
PLEASE INDICATE YOUR PROPOSED STATUS AS A FRANCHISEE OF KIDDY COOK:
(A) As a Sole Trader (B) In a partnership with others If you select this option please complete the relevant page on this form (including partners details)
(C) As a private limited company
THE START UP COSTS OF THE KIDDY COOK FRANCHISE HAVE BEEN DISCLOSED TO YOU. PLEASE INDICATE YOUR FUNDING ARRANGEMENTS:
Liquid capital: £
Bank Loan: £
Name of Bank:
Other funding: £
Source:
Total: €

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* IF "YES", PLEASE ATTACH DETAILS

KIDDY COOK FRANCHISE.	

Name:			
Address:			
Details of pr	evious work exper	ience:	
Name:			
Address:			
Details of pr	evious work exper	ience:	

IF RELEVANT PLEASE PROVIDE THE NAME, ADDRESS AND A BRIEF OUTLINE OF

IN THE DAY TO DAY RUNNING OF THE BUSINESS:

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PREVIOUS WORK EXPERIENCE OF ANY OTHER PERSON(S) WHO MAY BE ENGAGED

DO YOU CURRENTLY HOLD A CURRENT C CHECK (STANDARD OR ENHANCED)?	RIMINAL RECORDS BUREAU (CRB)		
No: Yes:* (Please provide a copy)			
PLEASE PROVIDE THE NAMES AND ADDRESSES OF TWO REFEREES. AT LEAST ONE OF THE REFEREES SHOULD BE AN EMPLOYER OR A PROFESSIONAL PERSON SUCH AS YOUR BANK MANAGER, ACCOUNTANT OR SOLICITOR.			
Name:			
Address:			
Postcode:			
Tel:	email:		
Relationship to applicant:			
Name:			
Address:			
Postcode:			
Tel:	email:		
Relationship to applicant:			

NB: These references will only be taken up immediately before signature of a franchise agreement.

ALL INFORMATION SUPPLIED TO US WILL BE TREATED AS CONFIDENTIAL.

Please note Kiddy Cook, involves you dealing with Children. It is important that all replies to our inquiries in the course of our discussions are full and accurate and we treat them as representations that are important factors in any decision we make whether or not to grant you a franchise.

If any information disclosed by you to us on this form, or in the course of those discussions, is found to be incorrect or misleading, for any reason, we shall have the right to terminate any agreement without any liability to you.

DATED:

SIGNED:

PLEASE COMPLETE AND SEND BY EMAIL TO: hale@kiddycook.co.uk

OR BY POST TO:
Nikki Geddes
C/o Kiddy Cook Franchising Ltd
13 Leigh Road
Hale
Cheshire
WA15 9BG