Professional Training Academy Application Form



Surname:			First Name:		
Middle Name:			Date of Birth:		
Nationality:			Are you eligible to work within Australia:	YES / NO	
Address:					
Town:			County:		
Postcode:			Time at Current Address:		
Email Address:			Home Tel Number:		
Mobile Tel Number:			Where did you hear About TaxAssist:		
Marital Status:			Dependants:		
Present State of Health:					
Have you ever been convicted of a serious offence or currently involved in any litigation:		YES / NO	If yes, please provide details:		
Have you ever been decla Bankrupt:	ared	YES / NO	If yes, please provide details:		
Is there anything that you are aware of which may restrict your ability to be a TaxAssist Franchise owner?		YES / NO	If yes, please provide details:		
What is your Highest Academic Qualification:					
Are you a Member of any Professional Bodies:		YES / NO	If yes, please provide details:		
Do you have a Tax Agent licence?		YES / NO			

Current Occupation:									
Your current income (Please circle)	level:	Up to \$50k	\$	50k to \$80k	\$80k to \$120k	\$120k + pa			
Do you currently run/own your own Business:		YES / NO		If, yes, please provide details:					
Have you previously run your own business:		YES / NO		If yes, please provide details:					
Summary of Background/Employment History									
Dates	Company Name & Position Held		Held		Key Responsibilities				
Upon successfully completing the academy Training, would you be interested in Contracting for TaxAssist?				YES / NO					
What attracts you most to doing the Professional Training Academy and/or becoming a TaxAssist Accountants franchisee?									
TaxAssist Accountants' business Model involves Client Acquisition as well as a First Class service provision. Which of these areas are you more comfortable with?									

Please advise here if there are any areas you have of concern that you would like to discuss further:

When would you consider iniping the Professional							
When would you consider joining the Professional Academy program?							
DISCLAIMER AND SIGNATURE							
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This confidential information will only be used to help us assess your suitability as a franchisee. This information will not be							
used or disclosed for any other purpose without your prior approval and may at your request be destroyed or returned to you if your application is unsuccessful. This application does not oblige either party in any way.							
Simulati	Data						
Signed:	Date:						

This form is for information only and will not be passed onto any third parties