



David Ross Acting Academy

Application Form
Current at: 2009

David Ross Acting Ltd, a company registered in England and Wales registered no. 6136569
Registered office: 83 The Avenue, Sale, Cheshire, M33 4GA
Tel: 0161-241-8233 E-mail: info@davidrossacting.com

"For Stage and Screen"

Please complete in print the following questions in black ink as fully as you are able to do so. Should there be insufficient room to fully answer a specific question kindly complete the answer on a separate sheet and attach it to the application.

References may be taken and if so we will not disclose the nature of your application form or intended business proposition.

THIS APPLICATION FORM IS NOT A CONTRACT AND IS NOT BINDING ON EITHER PARTY.

Confidential Application

Please complete in your own handwriting and return as soon as possible to: info@davidrossacting.com

OR POST: 83, The Avenue, Sale, Cheshire, M33 2ZL

Tel: 0161-241-8233

Surname

First Names

Home Address

Years at the above address?

Do you own or rent?

Telephone

Office Phone

Mobile

Email

Where did you hear about us?

Date of Birth

Marital Status

Nationality

Children

Education

School

Results

College

Course/Results

Further Education

Course/Results

Professional membership and qualifications

Experience (Please briefly detail your experience)

Teaching

Acting/Performing

Working with children

Industry

Do you hold a current CRB Police Check or equivalent? Yes/No

Delete As Appropriate.

Employment

Name & Address of Employer

Type of business

Employment Dates

Position

Self-Employment (if applicable)

Name & Address of Business

Type of business

Years Trading

Company Nuber&Ref

Health

Are you in good health? Yes/No (If No, Please give details).

Finance

Do you have and judgments of convictions against you? Yes/No. (If Yes give details)

Have you ever been declared bankrupt? Yes/No. (If Yes where and when).

What is your current annual Salary (NET)?

£

What is your spouses current annual Salary (NET)?

£

Do you have a mortgage? If yes, how much is outstanding

£

How much are your mortgage repayments?

£

Do you have credit and store card debt, if so please list and state outstanding debt.

Credit Cards £

Store Cards £

Other Debt i.e. Overdraft & Loans £

How would the purchase of the franchise be funded?

Savings £

Family £

Bank Loan £

Other £

Name & Address of Bank and Branch

[Empty text box for bank details]

References

Name & Address of Referee

1.

Telephone No.

Name & Address of Referee

2

Telephone No.

Other Information

Please state your reasons for wanting a Franchise Business and any other information that may support your application.

Personal

Tell us about your characteristics and personality, which may support your application.

Do you hold a current UK Driving License? Yes/No

Other: Please Specify:

Declaration The facts set forth in the application are, to the best of my Knowledge, true and complete.

Signed:

Date: