



FRANCHISING APPLICATION

053 915 2726
franchising@kareplus.ie
www.kareplus.ie

FRANCHISE APPLICATION FORM

(Any information provided will not be disclosed to any party who are not deemed relevant to your application of franchise)



YOUR DETAILS

Name:

Number:

Address:

Email:

Postcode:

Estimated start date:

WHAT REGIONS ARE YOU INTERESTED IN?

1st Choice:

2nd Choice:

3rd Choice:

FRANCHISE SUITABILITY

How did you hear about Kare Plus?

Why are you considering a franchise?

What attracts you to a business in the care sector?

What do you hope to achieve from running your own company?

What skills do you possess that you feel would help you to succeed in business?

Do you have any additional skills that may be beneficial towards your application?

Describe your responsibilities within your existing or most recent role?

Do you feel that you can influence people positively in a business environment?

Do you have experience of dealing with financials, including but not limited to profit & loss, budgets etc?

On scale of 1-5 (5 being strong, 1 being weak) how would you describe your financial skills.
1 2 3 4 5

Please explain why you have given yourself the above rating:

On scale of 1-5 (5 being strong, 1 being weak) how would you describe your social skills.
1 2 3 4 5

Please explain why you have given yourself the above rating:

Is there anything that could prevent you from applying 100% of your time to the franchise?
If so, please record below:

EDUCATION

Qualification:

Start Date:

End Date:

Qualification:

Start Date:

End Date:

EMPLOYMENT

Company Name::

Start Date:

End Date:

Position:

City:

Current Earnings:

Reason For Leaving:

Company Name::

Start Date:

End Date:

Position:

City:

Current Earnings:

Reason For Leaving:

ADDITIONAL INFORMATION

Please note that the below questions are mandatory and failure to complete them may delay or prevent ability to proceed with the Franchise Application Process.

Immediate Liquid Capital Available:

Equity Available:

Would you describe yourself as being fit and able to undertake owning a franchise?

Yes No

Do you have any previous or pending criminal convictions including spent convictions?

Yes No

If yes, please provide details: _____

Are you aware of any Garda enquiries undertaken following allegations made against you in Ireland or Overseas?

If yes, please provide details: _____

Yes No

Are you subject to any fitness to practice conditions or interim orders or have you been suspended or dismissed for any jobs?

Yes No

If yes, please provide details: _____

Have you ever been subject to a referral to either the vetting and barring service or any other professional body?

Yes No

Do you own your own home?

Yes No

Have you ever been convicted of a criminal offence?

Yes No

Have you ever been declared bankrupt?

Yes No

Are you facing any legal proceedings?

Yes No

Have you ever been disqualified as a company director?

Yes No

Do you have any other business interests or income sources?

Yes No

Do you have permission to work in Ireland?

Yes No

Are there any restrictions on your rights to work in Ireland?

Yes No

Would you be required to provide evidence that you have the right to work in Ireland?

Yes No

REFERENCES

We will require a minimum of two references from individuals who can confirm your professional capabilities and character prior to your franchise being awarded.

We will not contact your referees unless it is jointly determined that the opportunity is suitable and your application is therefore pursued further.

Name:

Name:

Address:

Address:

Number:

Number:

Relationship:

Relationship:

DECLARATION

I certify that all the information supplied is, to the best of my knowledge and belief, true and accurate.

Name: _____

Signature: _____

Date: _____

Please mark your envelope "Private & Confidential" and return this questionnaire, together with your CV or career profile to: Kare Plus Ireland Franchising Department, 1st Floor, John Barry House, Crescent Quay, Wexford. Y35 TR90. Alternatively you can email the requested documentation to franchising@kareplus.ie

THIRD – PARTY PROVIDERS

In addition to our Data Protection and Privacy Policy, we would like to seek your consent to share your details with third-party providers, all of whom are relevant to your franchise application. These include, but are not limited to: Franchise Finance, banks and our nominated legal teams. These third-parties will retain a copy of your details on record.

Do you hereby provide your consent for Kare Plus to share your personal information with all relevant third-party providers, including but not limited to Franchise Finance, banks and the nominated legal teams for Kare Plus. I understand that they will retain this information for their records.

If you do not wish for Kare Plus to share your personal information with third parties you will be required to contact them directly as part of your application process.

Name: _____

Signature: _____

Date: _____

