

SNAILS BON APPETITE APPLICATION FORM

APPLICANT'S DETAILS

(Please complete information below for all individuals)

1. FULL NAME:									
PRIVATE ADDRESS:									
TELEPHONE NO:		HOME:				BUSINESS:			
E-MAIL ADDRESS:									
DRIVERS LICENCE:				PLACE OF ISSUE:					
DATE OF BIRTH:				MARITAL STATUS:					
SPOUSE'S NAME:									
SPOUSE'S AGE:				AGE OF CHILDREN:					
IF MARRIED WILL SPOUSE BE ACTIVE IN SNAIL FARMING:									
FORMER ADDRESS:									
HEALTH:				GOOD/FAIR/POOR					
DESCRIBE ANY PHYSICAL OR MENTAL DISABILITIES OR LIMITATIONS:									
PERSONAL QUALIFICATIONS, DEGREES OR DIPLOMAS:									

2. FULL NAME:									
PRIVATE ADDRESS:									
TELEPHONE NO:		HOME:				BUSINESS:			
E-MAIL ADDRESS:									
DRIVERS LICENCE:				PLACE OF ISSUE:					
DATE OF BIRTH:				MARITAL STATUS:					
SPOUSE'S NAME:									
SPOUSE'S AGE:				AGE OF CHILDREN:					
IF MARRIED WILL SPOUSE BE ACTIVE IN SNAIL FARMING:									
FORMER ADDRESS:									
HEALTH:				GOOD/FAIR/POOR					
DESCRIBE ANY PHYSICAL OR MENTAL DISABILITIES OR LIMITATIONS:									
PERSONAL QUALIFICATIONS, DEGREES OR DIPLOMAS:									

PREVIOUS EMPLOYMENT HISTORY

(Please complete information below for all applicants)

1. OCCUPATION:			
POSITION:			
COMPANY:			
TYPE OF BUSINESS:			
ADDRESS:			
CONTACT PERSON:		TELEPHONE NO:	
PERIOD OF EMPLOYMENT:		COMMENCEMENT DATE:	
REASON LEFT:			
RESPONSIBILITIES:			

2. OCCUPATION:			
POSITION:			
COMPANY:			
TYPE OF BUSINESS:			
ADDRESS:			
CONTACT PERSON:		TELEPHONE NO:	
PERIOD OF EMPLOYMENT:		COMMENCEMENT DATE:	
REASON LEFT:			
RESPONSIBILITIES:			

3. OCCUPATION:			
POSITION:			
COMPANY:			
TYPE OF BUSINESS:			
ADDRESS:			
CONTACT PERSON:		TELEPHONE NO:	
PERIOD OF EMPLOYMENT:		COMMENCEMENT DATE:	
REASON LEFT:			
RESPONSIBILITIES:			

BUSINESS EXPERIENCE (if applicable)

(provide details of existing or past business interests and list most recent first)

1. TRADING NAME:	
TRADING ADDRESS:	
NATURE OF BUSINESS:	
OWNERS:	
INTEREST:	%
	%
	%
COMMENCEMENT DATE:	/ /
DATE SOLD OR INTEREST CEASED:	

2. TRADING NAME:	
TRADING ADDRESS:	
NATURE OF BUSINESS:	
OWNERS:	
INTEREST:	%
	%
	%
COMMENCEMENT DATE:	/ /
DATE SOLD OR INTEREST CEASED:	

GENERAL ENQUIRY

Why do you want to join the *Snails Bon Appetite* growers network?

Where do you intend to grow snails for *Snails Bon Appetite*?

Why do you believe you are suited to growing snails for *Snails Bon Appetite*?

What are your main strengths?

What are your main weaknesses?

Do you understand that nobody can guarantee whether you will be successful growing snails for *Snails Bon Appetite*?

Do you understand that you must make your own enquiries and get your own advice when considering this business opportunity? *Please circle or bold* Yes/No

What else do you think we should know about to understand you better and to better determine what your association with *Snails Bon Appetite* could mean?

APPLICATION STEPS

1. Once you have completed and signed the APPLICATION FORM please mail it to:
Helen Dyball
Snails Bon Appetite
245 Congewai Road
Congewai NSW 2325
or email info@snails.com.au
2. You will be contacted by *Snails Bon Appetite* to arrange an interview. The purpose of this interview is to review the information you have provided and discuss more fully your future plans. It will also give you an opportunity to ask any further questions you may have of *Snails Bon Appetite*.
3. Your application and supporting information will be reviewed by *Snails Bon Appetite*.
4. If your application is approved, *Snails Bon Appetite* will notify you and, after you have paid your joining fee and membership fee, assist you to set up as a snail farmer for *Snails Bon Appetite*.