

**EXPRESSION OF INTEREST
FORM**



RECEPTION ACADEMY

ABOUT YOU

Your full name:

Phone:

E-mail:

Full postal address:

City:

County:

Post Code:

Date of birth:

What is the best time to contact you?

What is your current occupation?

ABOUT YOUR PREVIOUS EXPERIENCE

Have you owned, operated or managed a business before?

If answer above is yes, please state your job title and line of business:

How long have you owned, operated or managed a business before?

Have you ever been declared bankrupt?

ABOUT YOUR MOTIVATION

Please briefly describe why you would like to own a franchise and/or why you would like to offer our courses in your organisation:

How soon are you looking to start your franchise and/or deliver our courses?

Why would Reception Academy be ideal for you?

ABOUT THE FRANCHISE / LISENCE

What location are you interested in?

What product(s) are you interested in?

A specific classroom course:

Fully Franchised Academy

Once completed, please email the form to martin@receptionacademy.com