Story Stars Pre-Application Form

Please download a copy of this document to complete.

|  |
| --- |
| Full name: |
| Full address: |
| Email address: |
| Phone number: |
| Age: |
| Do you have children? If so, how many and how old are they? |
| Briefly outline your career history. |
| Have you been to a Story Stars class before? |
| Why are you interested in running a Story Stars franchise? This is your opportunity to talk about your experiences, in work and personal, which led you to Story Stars. |
| What experience do you have working with babies or children? |
| What skills do you have that may be useful in running a business? |
| Do you use social media? If so, which platforms? |
| Do you feel physically fit to do the role? |
| Which county, region, city or town are you interested in? |
| Do you have the finance in place to fund the franchise? |
| Do you have a garage, shed or other storage space for all the equipment? |
| Do you hold a full driving licence? |
| Do you have a family sized car? |
| When would you be available to start? |
| Is there anything else you would like to tell us about in support of your application? |

Thank you so much for completing the pre-application form. Please email it to info@story-stars.co.uk and we’ll be in touch to arrange a discovery call.