



Consultant Application Form

Date _____ Referred by _____

Name _____

Address _____

Town _____ State _____ Postcode _____

Phone (home) _____ Mobile _____

Email _____

Why would you like to become a Chocoholics Anonymous Consultant?

What experience do you have with party plan businesses? (Experience not necessary)

Give yourself a rating on how well you know how to use a computer. Between 1 and 10 (highest).

List one of each: Business Reference

Personal Reference

Name _____

Name _____

Relationship _____

Relationship _____

Phone _____

Phone _____

This application form does not constitute as an offer for a position as a Chocoholics Consultant. Limited places according to areas do apply and you are not guaranteed a position in your area. Upon completion of this form, you will receive an interview phone call to determine your suitability.

FAX THIS FORM TO CHOCOHOLICS ON 03 52298532