

# Inner Circle Coaching Program Application Form

## CONFIDENTIAL

**Part 1 Tell Me About You...** (PLEASE USE SEPARATE SHEETS OF PAPER IF NECESSARY) - *Remember to be honest... I'm not concerned about what you've done in the past as much as getting a real sense of who you are now and where you want to go with your life.*

Where do you want to be personally in five years?

What's the biggest challenge you have?

If you could have anything, it would be...

What's holding you back the most?

What's your biggest fear about changing your present circumstances?

What are you putting up with and are you willing to change that?

What are your most cherished personal and business dreams?

Are you willing to do what it takes to achieve them, even if it means your way of life might be challenged?

## Part 2 Tell Me About Your Business...

Tick all of the following that apply.

- I have an established business (If yes please describe in detail on a separate sheet of paper)
- I don't have a business but I do have a business idea
- I don't have a clue about what to do in business

Below; tick the subjects that are issues for you in your business OR if you don't have a business yet, tick the subjects that you are interested in learning about...

### Marketing & Sales (Please tick all appropriate boxes)

Issue in my business	Interested in	
<input type="checkbox"/>	<input type="checkbox"/>	Customer Acquisition
<input type="checkbox"/>	<input type="checkbox"/>	Advertising
<input type="checkbox"/>	<input type="checkbox"/>	Marketing techniques
<input type="checkbox"/>	<input type="checkbox"/>	Copy Writing
<input type="checkbox"/>	<input type="checkbox"/>	Positioning/Branding
<input type="checkbox"/>	<input type="checkbox"/>	Telesales/Phone Use
<input type="checkbox"/>	<input type="checkbox"/>	Web Sites
<input type="checkbox"/>	<input type="checkbox"/>	Email use
<input type="checkbox"/>	<input type="checkbox"/>	Face to Face sales
<input type="checkbox"/>	<input type="checkbox"/>	Back end sales

### Operations (Please tick all appropriate boxes)

Issue in my business	Interested in	
<input type="checkbox"/>	<input type="checkbox"/>	Mailing lists
<input type="checkbox"/>	<input type="checkbox"/>	Database design and use
<input type="checkbox"/>	<input type="checkbox"/>	Email management
<input type="checkbox"/>	<input type="checkbox"/>	Recording stats on mailing and sales
<input type="checkbox"/>	<input type="checkbox"/>	Understanding the important numbers
<input type="checkbox"/>	<input type="checkbox"/>	Answering services/paging services
<input type="checkbox"/>	<input type="checkbox"/>	Shipping, Postage & Courierierg

### Products (Please tick all appropriate boxes)

Issue in my business	Interested in	
<input type="checkbox"/>	<input type="checkbox"/>	Where to begin
<input type="checkbox"/>	<input type="checkbox"/>	Inventing
<input type="checkbox"/>	<input type="checkbox"/>	Distributing & Licensing
<input type="checkbox"/>	<input type="checkbox"/>	Development and design
<input type="checkbox"/>	<input type="checkbox"/>	Fulfillment
<input type="checkbox"/>	<input type="checkbox"/>	Import/export
<input type="checkbox"/>	<input type="checkbox"/>	Consulting to or Coaching others
<input type="checkbox"/>	<input type="checkbox"/>	Providing Service

**Management** (Please tick all appropriate boxes)

Issue in my business	Interested in	
<input type="checkbox"/>	<input type="checkbox"/>	Self management (getting a life!)
<input type="checkbox"/>	<input type="checkbox"/>	Staff management
<input type="checkbox"/>	<input type="checkbox"/>	Time management
<input type="checkbox"/>	<input type="checkbox"/>	Resource management
<input type="checkbox"/>	<input type="checkbox"/>	Vision, Mission, Goals

**Finance** (Please tick all appropriate boxes)

Issue in my business	Interested in	
<input type="checkbox"/>	<input type="checkbox"/>	Company Structure
<input type="checkbox"/>	<input type="checkbox"/>	Asset Protection
<input type="checkbox"/>	<input type="checkbox"/>	Investing
<input type="checkbox"/>	<input type="checkbox"/>	Accounting
<input type="checkbox"/>	<input type="checkbox"/>	Bookkeeping
<input type="checkbox"/>	<input type="checkbox"/>	BAS, GST etc

My personal income last year was.....

My ideal income next year will be.....

I am willing to do what it takes to bridge the gap Y / N

How many hours a week do you work?..... What would be the ideal in 12 months time.....

How many weeks did you take off work last year?..... Ideal amount?.....

How many Vacations/ Holidays did you take last year?..... Ideal number?.....

I want more personal time to.....

My Dream Goal for 2005 is.....

My Dream Goal/Vision for 5 years is.....

.....

.....

Name.....

Mailing

Address.....

.....

.....

Phones.....

Email (please print

clearly).....Fax.....

Birth date .....Signature.....

**Yes Please also consider me for the Inner Circle Gold Club**

I understand that this will require me to travel to three behind closed door meetings and mean a more substantial investment of time and money to be included in this elite club and I am ready to do what it takes to maximise my income and lifestyle.

Please feel free to continue on separate sheets (by completing this process you are already beginning to transform your thinking about yourself, your finances and business!)

# APPLICATION FORM

**YES, I want to become a member of the Inner Circle Coaching Programme**

**URGENT, you must reply by January 10th 2006** or risk losing your place. If you are too late, your name will be added to the waiting list. It usually takes about five days for your bank to clear a payment, so please be patient waiting for your welcome pack. Your membership runs for a **Full Year** and the monthly membership fee is **\$347** to be paid by Credit Card or Direct Debit

**YES Please** consider me for the Inner Circle Gold Club **you must reply by January 10th 2006** or risk losing your place. If you are too late, your name will be added to the waiting list. Your membership runs for a **Full Year** and the monthly membership fee is **\$497** to be paid by Credit Card or Direct Debit

Name.....Address.....

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.....Post Code.....Phone.....

Mobile Phone..... Fax.....

Email Address.....

**Please Note:- The form over is a direct debit request. You can cancel a direct debit at any time simply by calling us on 02 4385 9330. LifeTools Australia will only arrange for funds to be debited from your account as authorised in the direct debit request.**

PLEASE CHOOSE YOUR METHOD OF PAYMENT, DIRECT DEBIT  
OR CREDIT CARD AND SUBMIT YOUR PAYMENT DETAILS  
OVER THE PAGE, THANK YOU

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PLEASE COMPLETE THIS WHOLE APPLICATION FORM IN FULL  
AND FAX IT TO (02) 4385 9331 OR MAIL TO THE FOLLOWING ADDRESS  
**NO LATER THAN 10<sup>TH</sup> JAN 2006**

**LifeTools Australia.  
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NSW 2260, Australia  
Tel 1800 500 020 Fax 02 4385 9331**