



Application Form

Please write in capitals using black ink. All information provided by you will be treated in strict confidence

Section 1 Personal Details

Mr/Mrs/Miss/Ms (delete as appropriate)

Surname.....

First Name.....

Address.....

.....

.....Postcode.....

Daytime telephone number, including area code:.....

Evening telephone, number including area code:.....

Mobile number:.....

Do you have Internet access?.....

Email address:.....

Do you hold a full driving license?.....

Do you have the regular use of a car?

How would you describe your health?

.....

.....

Are you receiving any medical treatment at the moment?

If so please give details

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Have you had any operations in the last 5 years?

If so please give details.

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Have you ever suffered from an eating disorder?

If so please give details.

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Do you have any criminal convictions including pending prosecutions?

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Have you ever been declared bankrupt?

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Section 2 Membership Details

Are you currently a Member of

Slimlines?.....

Have you ever been a Member of Slimlines?

Are you currently attending a meeting?

Which meeting do/did you attend?.....

What is/was your Managers name?

How long have you/did you attend?

How much weight have you lost since joining?

What is the most you have ever weighed?

What do you weigh now?

What is your ideal or Goal weight?

What is your height?

Are you a Gold member?

Please note you do not have to have been a member of Slimlines to become a Slimlines Manager.

Section 3 Previous Work Experience

Please give details of your most recent work experiences.
 You may also attach your curriculum vitae.
 We also reserve the right to contact employers for references.

Name of Company/Employer:
Company Address:
Start Date: / / End date if appropriate: / /
Salary:
Brief description of duties:
Reason for leaving:

Name of Company/Employer:
Company Address:
Start Date: / / End date if appropriate: / /
Salary:
Brief description of duties:
Reason for leaving:

Section 4 Availability

How many meetings would you be interested in running? Please circle.

2 3 4 5 over 5

When are you available to run meetings? Please tick the times you are available.

	Daytime	Evening
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

I confirm that the information I have submitted on this form to be correct to the best of my knowledge.

Signature.....

Date.....