



## CANDIDATURE AS SELF-EMPLOYED OPERATOR

### Civil and marital status

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Sex  Mr.  Mrs.

Name (in capitals)

First name

Place and date of birth

Nationality

Family situation  Single  
 Widow(er)  
 Divorced  
 Married

Living together since:

Address: Since:

Street:  No.

Postcode:  Town:

Telephone:  Mobile:

### Your parents

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What is or was their profession

Your father:

Your mother:



**Your children**

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Name and first name	Gender	Born on	Occupation	Dependant

Other dependants:

**Education and training**

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Date	Nature	Institutions	Diplomas – Certificates

Other education/training:

In possession of a business management certificate?  Yes  No

Are you taking any courses at present?  Yes  No



Language skills

	Mother tongue	Fluent	Average	Basic knowledge
Dutch				
French				
English				
Other				

Special qualifications:

In your opinion, what are your strengths?

In your opinion, what are your less strong aspects?

Hobbies



**Car**

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Make :	Model :	Year:

Driving licence/Category:

**References and contacts**

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Please cite at least two people as references

Name and first name	Employer/function	Address/telephone

Do any members of your family, or any of your acquaintances work in the dental industry?  
If so, please mention the name of the company, as well as their name and functions.

Name and first name	Employer/function	Address/telephone

**Professional activities – commercial experience**

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Period	Company name/sector	Function	Reason for departure



What is the reason why you want to change your business activity? What are your motivations?

In your opinion, what are the factors that lead to success of a retail outlet? List ten of them.

- |                         |                         |                          |
|-------------------------|-------------------------|--------------------------|
| 1. <input type="text"/> | 5. <input type="text"/> | 9. <input type="text"/>  |
| 2. <input type="text"/> | 6. <input type="text"/> | 10. <input type="text"/> |
| 3. <input type="text"/> | 7. <input type="text"/> |                          |
| 4. <input type="text"/> | 8. <input type="text"/> |                          |

In your opinion, what are the more unpleasant aspects of this work?

- |                         |                         |
|-------------------------|-------------------------|
| 1. <input type="text"/> | 4. <input type="text"/> |
| 2. <input type="text"/> | 5. <input type="text"/> |
| 3. <input type="text"/> | 6. <input type="text"/> |



After acceptance of your candidature, when could you be available?

**Mobility**

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Do you have a preference for a particular area?

Could you accept a different area?

Which one?

Please provide the following information about:

**Your financial situation**

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What was your last **gross** monthly income?

Do you have income other than your salary? If so, how much is it?

What are your expectations from the business activity under discussion (**gross**)?

**Your financial institution**

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Bank/branch	Address	Telephone	Account number



**Your home**

Are you a  Tenant  Owner

Of a  Apartment  House

Amount of your current monthly rent  euro/month

If you are an owner, what is the estimated value of your property?

**Financial resources – To manage a GlamSmile Studio, you need to:**

1. Produce a bank guarantee.  
What collateral do you have which could enable you to obtain a bank guarantee (cash, securities, buildings):

Worth:

2. Have initial capital.

How much do you have:  less than 10,000 euro  
 between 10,000 and 25,000 euro  
 more than 25,000

**Outstanding loans**  Yes  No

If so, please complete this table.

Purpose of the loan	Name of the financial institution	Total amount of the loan	Amount of the monthly instalment	Period from ... to ...



Do you have other financial obligations?

We, the undersigned, hereby declare that the information given above is truthful and complete, to the best of our knowledge.  
On request by you, we will provide a certificate of good conduct.

Signature candidate self-employed operator