Please complete all the details on this form Your Consultant will pass the form onto their Group Leader or the Thermomix Head Office and they will contact you shortly to discuss the Thermomix business opportunity with you. PLEASE WRITE CLEARLY USING A BLACK OR BLUE PEN. **Please Note:** This form is valid for 4 months only

***Thermomix*** Prospective Consultant Form

|  |  |  |
| --- | --- | --- |
| PROSPECT PERSONAL DETAILS | | |
| **Name** | test name | |
| **Address** | test address | |
| Suburb State Postcode        ca 12345 | |
| **Telephone** | Home (     )1232345 | Mobile |
| **Email** |  | |
| **Thermomix Details** | Do you own a Thermomix? Have you held your own Thermomix Demo?  Yes No Yes No | |
| **Contact Source** | How did you come to know about Thermomix?  Family Friend Work colleague Demo Expo/Advertising  Other | |
| **Employment Details** | Do you currently work?  Full-time Part-time Casual Not Currently Employed Home Duties | |
| **Preferred**  **Contact time(s)** | Morning Afternoon Specific Time  (Please Note time) | |
| **Other Comments** | | |

*I agree that by completing and signing this form I am happy for a Group Leader or Thermomix representative to contact me to discuss the business opportunity.*

|  |  |
| --- | --- |
| **Prospect Signature** | **Date**      /     /     / |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| REFERRING CONSULTANT DETAILS | | | | |
| **Consultant Name** | asddsads | | | **Cons No** **123321** |
| **Cons Telephone** | Home (1233) | | **Mobile** 123213 | |
| **Cons Email** |  | | | |
| **Lead Source** | Demo Family Friend Head Office | | | |
| **Group Leader Name** |  | GL Email | | |
| **Start Date of Referral End Date of Referral\***       /     /          /     /      *\*End date to be maximum of 4 months from Start Date* | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| GROUP LEADER/OFFICE USE ONLY | | | | | |
| **Note: If the prospective Consultant is not in your area please forward this form *directly* to Head Office.**  **Please *do not* pass on to any other Group Leader** | | | | | |
| **Group Leader Name** | |  | | | |
| **Date of 1st Contact** | | /     / | | **Date of 2nd Contact** | /     / |
| **Prospective Consultant invited to Intro Meeting** | | | | /     / | |
| **Outcome** | **Joined** Yes No ***If Yes - Referring Consultant***  *Full Commission Sales Referral* | | | | |
| **Paperwork** | Interview Business Application Order Form | | | | |
| **Consultant Notified of Outcome** | | | Yes | | Date     /     / |