

# OSCAR WYLEE

## OSCAR WYLEE JOINT VENTURE PROGRAM EXPRESSION OF INTEREST FORM

Oscar Wylee is introducing a 50/50 partnership model for experienced optometrists to buy into a store and receive profit share. The joint venture program enables partners to leverage Oscar Wylee's extensive supply chain infrastructure, unique and extensive range of product and strong brand.

As part of the Oscar Wylee joint venture expression of interest process, you are required to complete all areas of this form and then sign the Declaration. Rest assured your privacy is also important to us and all details are kept strictly confidential. Submit your expression of interest form and all supporting documents to [jessica.xu@oscarwylee.com](mailto:jessica.xu@oscarwylee.com)

### APPLICATION INFORMATION

<b>Given Names:</b>	<b>Surname:</b>
<b>Email:</b>	<b>Phone number:</b>
<b>DOB:</b>	<b>Citizenship:</b>
<b>Address:</b>	

Why are you interested in becoming an Oscar Wylee partner?

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How does your skills and past experience help you to succeed as a Oscar Wylee partner?

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Describe or list the specific region and area you are interested in. What is the reason (if any) for the territory of interest?

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**SKILLS AND EMPLOYMENT HISTORY**

Please attach current CV showing details of your work history, education and skills. Include any relevant licences and certificates which you think may be relevant to running a successful business.

Are you currently working at Oscar Wylee?

- No
- Yes, please state position and store location \_\_\_\_\_

Have you ever worked at any optical company before?

- No
- Yes, please state position, company and store location  
\_\_\_\_\_

Have you ever run your own business before?

- No
- Yes, please state company name and if business is still operating  
\_\_\_\_\_

Are you currently employed?

- No
- Yes, please state company name, position, notice period and salary  
\_\_\_\_\_  
\_\_\_\_\_

**Education Qualifications:**

Do you hold a current Australian Health Practitioner Regulation Agency (AHPRA) licence?

- Yes
- No

Education Provider	Degree Awarded	Year completed

**Employment History:**

Please state current and previous employers.

Name of Employer	Dates Employed	Position Held	Salary	Reasons for Leaving

**Reference:**

Please provide three referees who may be contacted to support your application.

Name	Address	Phone	Company	Position

Can we contact your referees?

- No
- Yes, please explain \_\_\_\_\_

**OTHER INFORMATION**

Have you ever suffered from any physical or mental conditions or do you have any current disabilities or limitations which may impinge on your ability to meet the psychological and physical demands of running an Oscar Wylee store?

- No
- Yes, please provide details:

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Have you ever been convicted of a criminal offense?

- No
- Yes, please state nature of crime(s), when and where

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Have you ever been bankrupt or insolvent?

- No
- Yes, please provide details:

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**DECLARATION**

I acknowledge information provided in this application and any accompany documentations, is all true and complete.

I acknowledge that any false or misleading information or omission have serious consequences and even provide case for termination of joint venture agreement, regardless of the amount of time lapsed.

I acknowledge further information may be requested and supplied to assess and determine my suitability for Oscar Wylee joint venture partnership program.

I authorise investigation of all my information (including but not limited to reference check and personal financial position) Oscar Wylee deem to be necessary to assist evaluation of my expression of interest and suitability on Oscar Wylee joint venture program.

I acknowledge that Oscar Wylee have absolute discretion as to which (if any) of the parties who respond to the expression of interest process it elects to shortlist and then provide with formal disclosure documentations regarding the relevant partnership opportunity.

I acknowledge if Oscar Wylee decides to proceed with progress of my application for this partnership opportunity, I may be given to certain highly confidential information concerning the joint venture, and the business. I acknowledge all communications and information I receive are to be kept strictly confidential and are not be disclosed (partially or in whole) to any other party regardless of the outcome of my application.

I understand this is an expression of interest, not an agreement.

I acknowledge Oscar Wylee will not be bound to me in any respect in relation to grant of a franchise agreement unless and until a formal agreement is entered into and then on the terms and conditions of that agreement.

**Applicant Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_