



Coach Referral Network Application

According to the World Federation of Direct Selling Associations, there are over 12 million Direct Sellers in the United States and nearly 44 million Direct Sellers World Wide as of September 2002. The Direct Selling Women's Association's mission is to unite direct sellers throughout the world around a shared vision of personal and financial success and to serve as a fun and welcoming place for the latest information, resources, networking and support.

The DSWA's Coach Referral Network will enable direct sellers to find qualified, experienced coaches who have an interest in serving the direct selling industry by providing exceptional support through an ongoing coaching relationship.

If you would like to join our Coach Referral Network and gain exposure to the thousands of direct sellers who are creating a better life for themselves and their families, please submit this application to the Director of the Coaching Center, Jennie England, at CoachingCenter@myswa.org. There is a one-time fee of \$150 to set up your web listing page and an annual membership fee of \$350*. These fees are due upon your acceptance into the Coach Referral Network.

** Limited offer: The \$350 annual membership fee is waived for the first six coaches who apply and are accepted into the Coach Referral Network.*

We appreciate your interest in serving the members of this rapidly growing industry and look forward to reviewing your application.

Your Name: _____

Company Name: _____

Street Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Work Phone: _____ Home Phone _____ Cellular: _____

E-mail: _____ Fax: _____

EDUCATION & COACHING EXPERIENCE:

1. Formal Education (Please list the degree, date earned, major, and learning institution.)

2. Coaching Education & Certifications (Please include proof of your certification from an ICF accredited Coach Training Program and/or your ICF certification.)

3. Coaching affiliations, if any, in addition to ICF. (Please include your ICF membership number here)

4. How many years have you been coaching?

5. What is the nature/focus of your coaching practice?

6. Please describe the philosophy of your coaching practice.

7. What qualities do you embody that are most empowering to your clients?

8. What life experience do you have that you believe has contributed to your ability to coach?

9. Who are your teachers today? (through books, tapes, courses, etc.)

10. Do you have any experience in the direct selling industry? If so, please describe.

11. How do you see coaching supporting those in the direct selling industry?

12. What unique approach would you take with those in the direct selling industry?

13. If selected, how many additional clients can you commit to coaching per week through DSWA?

14. Please provide information about your coaching fees.

15. Please include a letter of recommendation from a certified coach of an ICF training program or one who holds an ICF certification.

Once again, thank you for your interest in the DSWA's Coach Referral Network. You will receive notice of the status of your application via e-mail within five working days.

Sincerely,
Jennie England
Director of the DSWA Coaching Center
CoachingCenter@mydswa.org

Privacy Policy: The information you provide herein will be held in the strictest of confidence and will not be shared with any individual or entity. For more information on the Association's Privacy Policy please go to "About Us" at www.mydswa.org.

Client References & Fee Agreement

Your Name: _____

Reference #1

Name: _____

Company/Organization: _____

Phone: _____ E-mail: _____

City: _____ State: _____

Nature of coaching relationship: _____

Reference #2

Name: _____

Company/Organization: _____

Phone: _____ E-mail: _____

City: _____ State: _____

Nature of coaching relationship: _____

Reference #3

Name: _____

Company/Organization: _____

Phone: _____ E-mail: _____

City: _____ State: _____

Nature of coaching relationship: _____

Coach Referral Network Fee Agreement

I _____, upon acceptance of this application, agree to pay DSWA a Referral Fee of 20% for the first six months. The Referral Fee is based on revenues generated by clients I obtain through my affiliation with the DSWA. I understand that failure to pay the Referral Fee will result in the forfeiting of my DSWA membership and the immediate removal of my listing from the Coach Referral Network. This fee also applies to the 1st generation referrals.

In addition, I agree to abide by the terms set forth in the DSWA's Code of Ethics and Usage Agreement and ICF's Code of Ethics.

Print Your Name: _____

Sign: _____ Date: _____