

PhysiCare

Freelance Questionnaire

Confidential

Internal Use Only

Photo

CSP No.

CPSM No.

Please complete this form in full and send to the below address with your current C.V.

Surname:	Forenames:
Title: Mr./Mrs./Ms./Miss:	Date of Birth:
Address:	Current Driving License: Yes No
Post Code:	Access to Vehicle: Yes No
Telephone No.:	Do you require a VISA/Work Permit to work within the UK? Yes No

GENERAL INFORMATION

Do you consider you have a disability?	Yes	No
If yes, are you currently registered?	Yes	No

How many miles radius are you willing to travel, or is there an area you would like to cover?

Availability: (please tick statement most applicable to you)

Some weekdays - need 2 weeks notice	<input type="checkbox"/>	Evenings & weekends only	<input type="checkbox"/>
Some weekdays - need 4 weeks notice	<input type="checkbox"/>	Available set days every week	<input type="checkbox"/>

The frequency of work throughout the year can vary, but sometimes there are busy periods. Please advise the maximum number of days you could provide in any one week.

Maximum _____ days in any one week

Other information on availability i.e. can only work certain days/hours or unavailable until a particular date etc.

Is there any type of work you are not interested in? (Delete those of no interest)

Occupational clinics / Sports Clinics / Assessments / Courses for Industry / Courses for Carers etc. (client handling)

DECLARATION

I certify that all statements I have made on this application, any attachments hereto, or on my CV or other supplementary materials, are true and correct.

Signed

Date

Please return to: PhysiCare
PO BOX 8988, Lanark, ML11 7WD
Tel: 0870 701 9580 Fax: 0870 701 9581 email: recruitment@physicare.co.uk