

MYSTERY SHOPPER APPLICATION FORM

INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE

I confirm that I am willing to take part in a training session to become a mystery shopper. This will be in the form of a one-day training event to be held in Wakefield, or an individual training session lasting about two hours in your own home.

YES

NO

Please note:

We will reimburse all reasonable childcare costs if you attend the Wakefield training event.

We will reimburse all reasonable travel costs (either public transport, taxi or 40p per mile if you use a car)

Do you have any special dietary requirements (for the training day lunch)?

If yes, what are they? _____

YOUR DETAILS:

Mr / Mrs / Miss / Ms (circle or delete as appropriate)

SURNAME _____

FIRST NAME _____

ADDRESS _____

_____ Postcode _____

Telephone number: (home) _____

Telephone number: (mobile) _____

Email address : _____

OUR SERVICE TO YOU:

Have you had any contact with Chevin Housing over the past 12 months? (other than to pay rent)

Yes No Can't remember

Did you visit one of our offices or contact Chevin another way? (please tick all that apply)

Visited office (state which) _____

Telephoned

Wrote a letter

Sent an email

Spoke to Chevin officer in the neighbourhood

Were you satisfied with the outcome of your enquiry / discussion? Yes No

Have you ever made a complaint to Chevin? Yes No

If yes, what was it about?

Is there anything else you would like to tell us about your application to become a Chevin Mystery Shopper?

ABOUT YOU:

THIS SECTION WILL BE USED FOR MONITORING PURPOSES TO HELP US TO ENSURE THAT WE TREAT ALL APPLICANTS FAIRLY. ALL INFORMATION THAT YOU GIVE WILL BE TREATED IN THE STRICTEST CONFIDENCE. IT IS NOT COMPULSORY FOR YOU TO COMPLETE THIS SECTION.

Age group: (please circle / delete as appropriate)

16 – 24 25 – 34 35 – 44 45 – 54 55 – 64 65+

How would you describe your ethnic origin?

- White – British
- White – Irish
- White – other (please specify)
- Mixed – White & Black Caribbean
- Mixed – White & Black African
- Mixed – other (please specify)
- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian or Asian British – Bangladeshi
- Asian or Asian British – other (please specify)
- Black or Black British – Caribbean

- Black or Black British – African
- Black or Black British – other (please specify)
- Chinese
- Other (please specify)

Type of household:

Single person

Couple

Family

Do you consider yourself to be disabled? Yes No

If yes, please tell us how we can help you

Will you need help with childcare costs for the training day? Yes No

What languages do you speak and how well?

Fluent

Basic

Thank you for taking the time to complete this application form. Please contact us if you have any queries or need any assistance in any way.

**Gill Welch, Service Improvement Coordinator
Tel: 01924 831726 (direct line) or 0845 270 1088
Email: g.welch@chevinha.co.uk**

PLEASE SUBMIT THIS FORM TO g.welch@chevinha.co.uk

Your signature: _____

Date: _____

We will contact you within the next 14 days to let you know if your application has been successful. Thank you for taking the time to complete this form.