



MYSTERY SHOPPER APPLICATION FORM

ALL INFORMATION WILL BE TREATED STRICTLY CONFIDENTIALLY

I confirm that I will be able to attend a one-day training session in Wakefield (date to be advised). YES NO

Please note:

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

OR

I would like to receive “mystery shopping” training in my own home (date to be confirmed). YES NO

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)

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 Green, Performance and Business Improvement Co-ordinator
Tel: 0114 241 7714 (direct line) or mobile 0773 991 9161 (text or call)
Email: g.green@chevinha.co.uk**

PLEASE RETURN THIS FORM IN A CLEARLY MARKED PRIVATE AND CONFIDENTIAL ENVELOPE

Your signature: _____

Date: _____