



## Mystery Shopper Application Form

Please e-mail completed application form to [apply@spotcheckni.co.uk](mailto:apply@spotcheckni.co.uk)

<b>Name</b>			
<b>Address</b>			
<b>Postcode</b>			
<b>Home Phone No</b>			
<b>Mobile Phone No</b>			
<b>Email Address</b>			
<b>Gender</b>		<b>Date of Birth</b>	

<b>Employment Status</b>	<b>Full-Time</b>	<b>Part-Time</b>	<b>No</b>
<b>Currently employed:</b>			
<b>If employed, your occupation</b>			

<b>Have you previously worked as a mystery shopper?</b>			
<b>If so, for whom</b>			
<b>Do you have a food/catering background? (If yes, please detail in final section of form)</b>			
<b>Yes</b>		<b>No</b>	

**Spotcheck welcome the opportunity to work with all persons regardless of disability.  
Are you registered disabled?**

Yes		No	
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**Are you a car owner or do you have access to a car?**

Yes		No	
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**What is your general availability to complete mystery shopping assignments?**

✓ Yes, I am available ✗ No, I am not available

	Morning		Afternoon		Evening	
	Yes	No	Yes	No	Yes	No
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

**List the names of towns/areas in which you are willing to regularly work without extra payment for travel (Include home, work, holiday homes etc.)**

1 <sup>st</sup> Preference	
2 <sup>nd</sup> Preference	
3 <sup>rd</sup> Preference	
4 <sup>th</sup> Preference	
5 <sup>th</sup> Preference	

**Tell us about the best customer service you have experienced**

**Tell us about the worst customer service you have experienced**

**Is there anything else you feel we should know when considering your application**