

AGE CONCERN DONCASTER
DOMICILIARY SERVICE
AVAILABILITY FORM

NAME: _____

ADDRESS: _____

POST CODE: _____

TEL NUMBER: _____

MOBILE NUMBER: _____

WORKER'S SIGNATURE: _____

DATE: _____

Name of worker: _____

Signed: _____ Dated: _____

AVAILABILITY TO WORK

Please indicate the days and times you are available
by ticking the appropriate boxes
(For the Cleaning service – core times are 9am – 4pm Mon – Fri)

Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
06.30am							
07.00am							
07.30am							
08.00am							
08.30am							
09.00am							
09.30am							
10.00am							
10.30am							
11.00am							
11.30am							
12.00pm							
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18.30pm							
19.00pm							
19.30pm							
20.00pm							
20.30pm							
21.00pm							
21.30pm							
22.00pm							

What is your method of transport?

Bus **Bicycle**

Please tick the appropriate box

Car **Foot**

Please indicate your preferred day off: (This is for Home Care Workers Only)

DAY	1ST CHOICE	2ND CHOICE
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Are you prepared to travel to other areas?

Yes **No**

If yes, what areas are they? Please indicate below

Any area

Preferred areas: please list	
Area:	Area
Area:	Area:
Area:	Area:
Area:	Area:
Area:	Area:

**Please complete this Availability Form as soon as possible and return it to the
Domiciliary Services Department**

THANK YOU.