

Able 2 Application form

Name Title DOB

Address.....

..... Tel No:.....

National Insurance No:.....

BAOT Membership No: State Reg. No:.....

Are you self employed? Yes..... No.....

Do you hold a current driving licence? Yes..... No.....

What type of car do you drive?

Do you have full comprehensive car insurance? Yes..... No.....

Does your car insurance cover you for work purposes and carrying equipment? Yes..... No.....
Willing to take this cover Yes..... No.....

Do you have Local Authority experience? Yes..... No.....

If yes, how many years?

Which client group(s) do you gain most satisfaction from working with?

.....

Please state how much time you are able to offer? (This should include Saturdays and evenings)

.....

Please give two referees

Name:..... Name:.....

Address:..... Address:.....

.....

.....

.....

.....

Tel No: Tel No:

