

Please complete this application form in dark blue or black ink. All information provided will be treated in the strictest confidence. Knowingly withholding, falsifying or omitting relevant information at any stage of the selection process may lead to subsequent disciplinary action including prosecution and the termination or invalidation of any agreements or your contract.

PERSONAL DETAILS		For Office Use Only:	
Forename(s):		Date Application Received:	Reference Number:
Surname:		Existing I.D.:	
Preferred First Name:	Gender:		
Address:			
Postcode:			
Mobile Tel No:	Daytime Tel No:		
Evening Contact Tel No:	Preferred Contact Tel No:		
Date of Birth:	Your Web Address (as applicable):		
Email Address (please complete <b>very</b> clearly):			
Do you require a work permit to work in the UK? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, please attach a copy for our records, otherwise please provide your National Insurance Number: ____ / ____ / ____ / ____ / ____			

OTHER MYSTERY SHOPPING OPPORTUNITIES	
Although we are primarily recruiting Mystery Shoppers to experience treatments from therapists and applicants to The Therapy Agency, we are sometimes asked to provide mystery shopping for other companies and services.	
Would you like to be considered for any other mystery shopping opportunities too? YES <input type="checkbox"/> NO <input type="checkbox"/>	

PROFESSIONAL QUALIFICATIONS				
Please any professional qualifications you may have gained, to help us better understand your background and level of academic experience.				
Type of Qualification:	Level Awarded	Dates of Attendance:		Qualification Gained: (If student, please write STUDENT)
		From	To	

PREVIOUS / CURRENT EMPLOYMENT HISTORY				
To help better discover your suitability for mystery shopping, please provide a brief summary of your key employment history, completing additional relevant information on your Curriculum Vitae as necessary.				
Employer:	Job Title	Dates of Employment:		Reason for leaving:
		From	To	

## PROFESSIONAL MEMBERSHIP / REGISTRATION

Please list all the relevant professional associations of which you are a member. Please continue on additional sheets as necessary.

Name Of Professional Body:	Accreditation Letters:	Date of Membership From:                      To:		Membership Number:

## EQUAL OPPORTUNITIES & OTHER INFORMATION

The Disability Discrimination Act, 1995, defines a disabled person as someone who has a physical or mental impairment, which has a substantial and adverse effect on the individual's ability to carry out normal day-to-day activities. We will try to provide access, and investigate opportunities where appropriate, to ensure that disabled people can operate on equal terms with non-disabled people.

Do you consider yourself to have a disability?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide details on an additional sheet, of any arrangements or adaptations necessary for you to carry out your work.		
Do you currently have, or have you recently had any conditions, which may affect your work as a mystery shopper?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide details on an additional sheet, of any arrangements or adaptations necessary for you to carry out your work.		

## REHABILITATION OF OFFENDERS ACT 1974

You do not generally have to disclose details of spent convictions. However, as the position you are considered for could be exempt from the Rehabilitation of Offenders Act by virtue of the (Exceptions) order, you must reveal details of convictions, spent or otherwise, however long ago these occurred. Failure to disclose such convictions could lead to dismissal and prosecution. Information provided will remain confidential. A conviction will not automatically bar you from consideration.

Do you have any current or previous convictions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide details on an additional sheet.		

## RECEIVING PROFESSIONAL SESSIONS

So that we can best consider you for opportunities that you would typically be available for, please answer the following questions in general terms.

In general, when are you typically available for carrying out mystery shopping activities?								
Weekdays:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Evenings:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Weekends:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## TRAVELLING TO A THERAPY ROOM / CLINIC

These are sessions where you would travel to the therapist's Therapy Room or Clinic, in order to receive the treatment session.

Would you like to experience this type of service? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have access to suitable transport to travel anywhere in the distance indicated? YES <input type="checkbox"/> NO <input type="checkbox"/>
How far are you willing to travel for a typical one hour opportunity? (please calculate this radius carefully and give a figure in distance, not time, highlighting the measurement chosen)	
Miles / Kilometres*	
Please indicate your typical hours of availability for treatments (for example '9am – 8pm' or 'Unavailable' next to each day):	
Monday	Friday
Tuesday	Saturday
Wednesday	Sunday
Thursday	

## HAVING A TREATMENT IN YOUR OWN HOME

These include one-hour treatments where the therapist visits you at your registered home address.

Would you like to experience this type of service? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a room suitable in which to have the session provided? YES <input type="checkbox"/> NO <input type="checkbox"/>
Please indicate your standard hours of availability (for example '9am – 8pm' or 'Unavailable' next to each day):	
Monday	Friday
Tuesday	Saturday
Wednesday	Sunday
Thursday	

## REFERENCES

Please give the details of a referee who can confirm that you meet the selection criteria for the position as a mystery shopper. If you are (or have recently been) employed, this should be your current or last employer. These details will only be used for the purpose of following up references.

Name: Miss / Ms / Mrs / Mr / Dr	Trading Name (as applicable):
Job Title or Position:	
Address:	
Postcode:	

Referee's Daytime Contact Tel No:

Email Address (please complete **very** clearly):

Please describe in what capacity this person knows you:

## MORE INFORMATION ABOUT YOURSELF

Please complete the following information by hand, to enable us to discover more about you, and your suitability for mystery shopping.

What previous experience do you have of mystery shopping?

What previous experience do you have of complementary therapies, in particular massage therapies?

Why do you feel you'd be a good mystery shopper for The Therapy Agency?

## SUPPORTING INFORMATION

You will need to provide the following documentation. Any missing information may delay or prevent the processing of your application.

- A short covering letter, detailing where you heard of The Therapy Agency and anything else you feel we should know about you.
- A copy of your up-to-date Curriculum Vitae so we can find out more about your background and work history, to help find suitable opportunities.
- At least one clear recent portrait style photo of yourself (suitable for scanning) to help us see you as a person (not just a written application).

## DECLARATION & DATA PROTECTION STATEMENT

- I understand that the personal information I have provided both on this application form, and in the supplementary evidence, will be used by The Therapy Agency for Recruitment and Administration Purposes, including that information defined as "sensitive" under Data Protection legislation.
- If my application is successful, I understand the same information will be retained as part of my application and may be included as part of my profile. If unsuccessful, my application will be retained for 12 months.
- I hereby declare and warrant that all the information provided on this form and any supporting documentation attached herewith, in all respects are complete and true to the best of my knowledge, that they are material, and that I haven't suppressed or misstated any material facts.
- I understand that this form and the supporting documentation can be treated as part of a subsequent contract, and any false information may render any further business contracts or considerations invalid and may lead to prosecution.
- I have read and understand my obligations and responsibilities under The Therapy Agency's Terms and Conditions [www.therapy-agency.co.uk/terms/](http://www.therapy-agency.co.uk/terms/) including, but not limited to, the Consumer Agreement and Consultant Agreement of The Therapy Agency.

Signed:

Date:

Please ensure you have enough postage to support the weight of your application, as underpaid items will not be accepted, and will be returned to the sender. (Often, three 2<sup>nd</sup> class stamps are sufficient for most applications up to 250grams)

If you have further questions, answers to our most common queries can be found on the website:  
[www.therapy-agency.co.uk/mysteryshopping/faq.html](http://www.therapy-agency.co.uk/mysteryshopping/faq.html)

Please return completed applications with all supporting information as indicated above, to:

Mystery Shopping Applications, The Therapy Agency, 16 Mays Lane, Earley, Reading, RG6 1JX

# EQUAL OPPORTUNITIES & APPLICATION MONITORING

The Therapy Agency recognises that discrimination on the grounds of disability, race, gender, health, social class, sexual preference, marital status, nationality, religion, employment status, age, or membership or non-membership of a trade union is unacceptable and has a clear commitment to bring about equality of opportunity to clients, employees, and contractors wherever possible.

In order to effectively monitor this commitment, you are asked to complete the form below. If you do not complete this section, your application will still be considered.

The information provided below will be separated from your application and will not be used as part of your selection. This information is confidential and is for statistical purposes only.

## 1. WHERE DID YOU ORIGINALLY LEARN OF THE OPPORTUNITY TO JOIN THE THERAPY AGENCY?

- Internet search (please specify).....
- Internet Job Listing (please specify).....
- Media advertisement (please specify).....
- Media feature or article (please specify).....
- Featured at show or event (please specify).....
- Through educational establishment (please specify).....
- Word of mouth from other therapists already registered.
- Internet Banner / Advertisement.
- Direct mailing.
- Direct email.
- Other (please specify).....

## 2. ETHNIC ORIGIN AND NATIONALITY:

- |   |  |   |
|---|--|---|
| a) Black or Black British<br><input type="checkbox"/> Caribbean<br><input type="checkbox"/> African<br><input type="checkbox"/> Other (please specify) .....  | c) Asian or Asian British<br><input type="checkbox"/> Indian<br><input type="checkbox"/> Pakistani<br><input type="checkbox"/> Bangladeshi<br><input type="checkbox"/> British Background<br><input type="checkbox"/> Other (please specify) ..... | e) White<br><input type="checkbox"/> British<br><input type="checkbox"/> Irish<br><input type="checkbox"/> Other (please specify) ..... |
| b) Mixed<br><input type="checkbox"/> White & Black Caribbean<br><input type="checkbox"/> White & Black African<br><input type="checkbox"/> White & Asian<br><input type="checkbox"/> Other (please specify) ..... | d) Chinese and Other Ethnic Groups<br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Other (please specify) .....  | f) Not Stated<br><input type="checkbox"/> Not Stated  |

### WHAT IS YOUR NATIONALITY?

.....

- ### 3. SEX:
- Male                       Female

- ### 4. MARITAL STATUS:
- |                                  |                                       |                                    |
|----------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Single  | <input type="checkbox"/> With Partner | <input type="checkbox"/> Widowed   |
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced     | <input type="checkbox"/> Separated |

- ### 5. DATE OF BIRTH:

- ### 6. AGE:
- |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 36-45 | <input type="checkbox"/> 56-65 |
| <input type="checkbox"/> 26-35 | <input type="checkbox"/> 46-55 | <input type="checkbox"/> 66+   |

- ### 7. DISABILITIES:
- Do you consider yourself to have a disability?     Yes                       No
- If yes, please describe:

For Office Use Only: <i>Reference Number:</i>	<i>Date Application Received:</i>
<i>Position:</i>	