

Form 1 - Availability

PERSONAL DETAILS

NAME _____

AVAILABILITY

- ✓ Please tick **ALL Casual Shifts Hours** you are available to work, based on the following indicative shifts

	8.45am-1pm	1pm-5.30pm	1pm-8pm	5.30pm-8pm
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	9am-1pm	1pm-5pm
Saturday	<input type="checkbox"/>	<input type="checkbox"/>

	10am- 5pm
Sunday	<input type="checkbox"/>

Comments _____

