



## Registration for Part Time Tactical Consultants:

STOREINSIGHT

Thank you for expressing an interest in working as part of the STOREINSIGHT team. Please complete the table below in full and return to the address below for immediate registration.

Title	Surname							
Forename(s)					Date of Birth	_ _ / _ _ / _ _		
Full Postal Address								
Post Code								
E-mail Address								
Tax Code			National Insurance No.					
Are you happy for us to pass your address details to our clients or suppliers, if necessary, for the provision of materials for you to conduct your duties? PLS CIRCLE YES OR NO BELOW.			Mobile Phone Numbers					
YES		NO		Home Tel Number				
Availability (Please tick)	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	
Which of the following FM activities are you able to fulfil? (Please tick)	Merchandising	Sales	Audit	Promotional / Demonstration	Leafleting	Sampling		
Previous Experiences	Merchandising	Sales	Audit	Promotional / Demonstration	Leafleting	Sampling		
(Please provide examples of previous campaign experience)								
Team Leading Exp. (Please provide details)			FM Companies previously employed by					
Do you have a Car, a Valid UK Driving License and appropriate Business Insurance?	Yes	No	Are you able to carry POS in vehicle?	Yes	No	Are you able to store POS at home if required?	Yes	No
Courier Instructions	From time to time POS may be delivered to your home address – Please provide brief details of 'leave safe' instructions should you be unavailable to accept the delivery:							
Please sign in the box below to confirm that you have read, understood and agree to follow the STOREINSIGHT Health & Safety Procedures document (provided separately & available to view on our web site) whilst conducting work on behalf of STOREINSIGHT.								
Areas you are prepared to cover:	Postcode Area			Towns				