

Self Employed Gardener Application Form

| YOUR DET Your Full Nam Address: | | | | |
|---------------------------------------|---|-----------------------------------|-------------------|----------------|
| Post code: Mobile: | | Home Telephone: Email Address: | | |
| Please give b | rief details of your gardening exper | ience (continue on a sep | parate sheet if n | ecessary) : |
| YOUR GAR | RDENING SKILLS: (You do no | ot need all these skills to be | a gardener with A | Age UK Surrey) |
| Do your have | your own transport? all the tools necessary for a client's edge Trimmer, Strimmer and hand to | | Yes Yes | No No |
| What kind of | power tools do you have? | | | |
| Can you c | onfidently: | | | |
| Mow a lawn u | sing the client's own lawnmower ar | nd/or your own? | Yes | No |
| Edge a lawn? | | | Yes | No |
| weeds proper | | • | Yes | No |
| | n – cut back shrubs, cut back pere | | Yes | No |
| Plant out bed | ding plants, small potted plants, sm | all shrubs, bulbs'? | Yes | No |

| Can you offer any of the following: | | | | | |
|---|-----|----|--|--|--|
| Design and planting advice | Yes | No | | | |
| Create new beds (digging out turf, soil preparation) | Yes | No | | | |
| Raise plants from seed | Yes | No | | | |
| Lawn renovation (aeration, patch reseeding) | Yes | No | | | |
| Plant identification | Yes | No | | | |
| Specialised pruning | Yes | No | | | |
| Hedge trimming less than 6ft/2metres (using your own equipment) | Yes | No | | | |
| Legally dispose of garden waste on behalf of the Client? | Yes | No | | | |
| Take on one off gardening jobs, such as tackling overgrown gardens/ tidying up gardens to assist with the sale of the residence etc.? | Yes | No | | | |

Do you have any Horticultural and Herbicide Application qualifications? (please state which):

| Are you able to take on one off handyperson jobs, such as competently/safely erecting & repairing garden fencing, fixing external Key safes and external Grab rails etc., for Clients? | Yes | No |
|--|-----|----|
| Any other information about your skillset, work requirements or personal circumstances, which Age UK Surrey should be aware of? | Yes | No |
| If yes – detail here: | | |

Age UK Surrey Gardeners are required to have Public Liability Insurance and a Basic DBS less than 18 months old at the time of registration.

If you do not already have these please bear in mind they will be required before we can offer you any clients.

REFEREES:

Please supply us with the names and contact details of two referees. Ideally one will be a previous employer or school/college tutor, and one must be able to vouch for your gardening experience (this could be the same person). They must not be family members. Please indicate relationship to you, ie former employer.

| Referee 1: | | | |
|----------------------|--|--|--|
| Name: | | | |
| Address: | | | |
| Postcode: | | | |
| Tel No: | | | |
| Email: | | | |
| Relationship to you: | | | |
| Referee 2: | | | |
| Name: | | | |
| Address: | | | |
| | | | |
| Postcode: | | | |
| Tel No: | | | |
| Email: | | | |
| Relationship to you: | | | |

DECLARATION:

In order to comply with UK Data Protection Legislation, we need to ensure that we have your written permission to hold your details on our database. This information will be used solely for the purpose of administering the Age UK Surrey Help at Home Service. Please indicate your consent to us holding the information you supply to us for these purposes by signing here.

The information above is, to the best of my knowledge, true and accurate.

Name: Date:

Age UK Surrey would like to keep you updated about our services, news, activities and events. Please tick the boxes below to indicate how you would like to hear from us.

I am happy to receive information from Age UK Surrey about services, news, activities and events by (tick all that apply):

Post

Email

I do not wish to receive information from Age UK Surrey about services, news, activities and events.

Please send this form back to the address below:

