TELEPHONE INTERVIEW FORM TEMPLATE

Use this as a guide to create one that works for you.

THE BASICS					Tel. Hom	e:						
First Name	s:		Tel Mobil	e:								
Family Nan		Email:										
Address: Er	nail:				u us							
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				*					1-5 Sounds Keen?			
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You will requ					thers ght be	Sounds Suitable?						
(Homecare re	Υ	N	suitable.			Y	N					
Previous care ask if you ha	XPEREINCE e experience ve any, inform	is not essenti nal or paid?	al, but can l	Y	If Y, de							
Are you looki		PT		FT		If No,	politely	reject.				
What hours v	Evening	Υ		N		If appropriate ask if they know others who						
	Weekends	Y		N		might be suitable.						
	<u> </u>		I	Weekends	_ <u> </u>		IN					
М	Tu	W	Th	F	Sa		Su		If too many restrictions, politely			
Are there an could preven	Y	If Y, describe:			reject. If appropriate ask if they know others who might be suitable							
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Can I ask wha recent pay ral	at you current te is?	or most	£	Per ho					your rate, lower rate		vhy they	



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