KIRKLEES ASSOCIATE LIST

**AVAILABILITY FORM**

**Please complete the form below indicating your availability**

|  |  |
| --- | --- |
| **Availability** |  To be negotiated with employer / GB? |
|  |  **Yes (✓)** |  No( x) |
| Up to one year  |[ ] [ ]
| Up to one term |[ ] [ ]
| Blocks of time over a year |[ ] [ ]
| Blocks of time over a term |[ ] [ ]
| Set days during a week |[ ] [ ]
| Agreed number of days over a set period |[ ] [ ]
| Adhoc periods over the school year |[ ] [ ]
| Available during school holidays |[ ] [x]
| Other (please specify) |   |
| How much notice will you need to adapt or arrange your availability?  | 1 day |  1 week | 0.5 term | 1 term |
|  |[ ] [ ] [ ] [ ]
| Estimated number of days available in the current academic year (out of 195) |  |

**I confirm that I am available to work as an individual member of the Kirklees Associate List / Framework**

**Name:**

**Address**:

**Tel No:**

**Email:**

**Signature**: **Date**: