

## Helpd Placement Form



All information provided will be treated in accordance with the GDPR guidelines.

Client details	Main contact details
Full name (or preferred name):	Full name:
Age:	Address:
Brief client history:	Tel:
	Email:
	Position/Relationship to client:
Client main interests and support needs	Payer details
	Full name:
	Address:
	Tel:
	Email:
	Position/Relationship to client:
Job requirements (Qualifications, Skills, Experience, Preferred/Essential)	Job specifications
Male or female? Preferred or essential?	Title:
Clean driving licence required? Preferred or essential?	Work pattern:
Previous brain injury experience? Preferred or essential?	Pay rate:
	Contract type:
	Start date:
	Termination date (if applicable)
Brief job description (main challenges and advantages)	
Agreement	
Main contact:	Payer:
I confirm I have read, understood and agree to abide by Helpd' <a href="#">Terms and Conditions</a>	I confirm I have read, understood and agree to abide by Helpd' <a href="#">Terms and Conditions</a>
Name:	Name:
Position / Relationship to client:	Position /Relationship to client:
Dated:	Dated: