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**AVAILABILITY SHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| 9 – 10 am |  |  |  |  |  |  |
| 11 – 12 noon |  |  |  |  |  |  |
| 12 – 1 pm |  |  |  |  |  |  |
| 1 – 2 pm |  |  |  |  |  |  |
| 2 – 3 pm |  |  |  |  |  |  |
| 3 – 4 pm |  |  |  |  |  |  |
| 4 – 5 pm |  |  |  |  |  |  |

NAME………………………………………………………………

Please can you indicate when you would be available to work (please tick all that apply):

Please note below if you have any additional requirements – e.g. school pick up drop off times.