

INDIVIDUAL SURVEY

Name (optional)				
Council				
Section				
Position				
	Please tick	appropriate box		
Type of employment			Fixed Term Contract	
When did employment commen	ce			
or Current duration of employment				
Does the employment involve re	gular and systematic h	nours? 🗆 Ye	es 🗆 No	
How many hours per week on av	erage?			
In your opinion is this work that	should be considered	as permanent or pe	rmanent part-time?	
		□ Ye		
Why?				