

NEW CLIENT REGISTRATION

PLEASE SPEND A FEW MINUTES COMPLETING THIS CLIENT REGISTRATION FORM, AS IT WILL HELP US MATCH A SUITABLE CLEANER TO YOUR REQUIREMENTS MORE EFFICIENTLY. ALL DETAILS ARE OF COURSE CONFIDENTIAL & ARE TO BE USED BY HAPPY HANDS ONLY.

Contact Details

First Name _____
 Surname _____
 Address _____

 Postcode _____
 Daytime Telephone (+code) _____
 Evening Telephone (+code) _____
 Mobile _____
 e-mail address _____

About your Family

Occupation _____
 Nationality _____
 Religion _____
 Languages spoken _____

Marital Status Married Single Other _____

Do you have any Children Yes No please circle
 If yes, please specify
 number, ages & gender _____

Do you have any pets Yes No please circle
 If yes, please specify _____

Do you smoke Yes No please circle

About your Property

Accommodation type Bungalow Flat House please circle
 If a house, please specify Detached Terraced Semi please circle

Number of Reception rooms _____

Number of Bedrooms _____

Number of Bathrooms _____

Number of Floors _____

Nearest Bus/Tube Station _____

Services Required

Spring cleaning	Carpet cleaning	please circle
Cleaning	Dry cleaning	
Washing	After party	
Ironing	Home delivery	

Cooking

Corporate

About your cleaner

Type of Contract Cleaner	Permanent	Temporary		please circle
Age Range	18-24	25-35	35+	please circle
Smoking	No Preference	Non Smoker	Smoker	please circle
Placement	Daily	Weekly	Monthly	please circle
Days & Times preferred	Monday	AM	PM	please circle
	Tuesday	AM	PM	please circle
	Wednesday	AM	PM	please circle
	Thursday	AM	PM	please circle
	Friday	AM	PM	please circle
	Saturday	AM	PM	please circle
	Sunday	AM	PM	please circle

Starting date _____

I have read and accept the Agency's Terms & Conditions.

Signed _____

Dated

About Us & Our Services

How did you hear about Happy Hands if other please specify

Directory	Web	Friend	please circle
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Have you used Our Services before if yes please specify

Yes	No	please circle
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Thank you for taking the time to complete these questions.