**Vacancy Questionnaire**

|  |  |
| --- | --- |
| **Candidate Name :** |  |
| **Vacancy:** |  |
| **Date:** |  |

**Please √ where applicable:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Questions** | **Yes** | | **No** |
| Are you willing to work on a HEMS contract? |  | |  |
| Can you Swim? |  | |  |
| Do you have phobia of water? |  | |  |
| Do you have phobia of confined spaces? |  | |  |
| Do you have phobia of heights? |  | |  |
| Do you have history of airsickness? |  | |  |
| Do you have medical conditions that will prevent aviation related activities? |  | |  |
| *Additional Comments:* | | | |
| ***I Confirm that the information and responses I have provided are accurate and true to the best of my knowledge.*** | | | |
| Signature (Hand Signature): | | Date: | |

HRF532

Version 1.0

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December 2019