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|  **HcL - Dial-A-Ride & Dial-A-Bus**  |  |  |  |  |  |  |  |
| **VOLUNTEER APPLICATION** |  |  |  |  |  |  |  |
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| **Please complete online or in black ink using block capitals.** |  |  |  |  |  |  |  |
| **Answer all questions and return completed form to:**  |  |  |  |  |  |  |  |
| **bathgate@handicabs.org.uk or by post to: HcL, 17a Inchmuir Road, Whitehill Industrial Estate, Bathgate, EH48 2EP** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1. Role applied for**: |  |  |  |  |  |  |  |  |
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| **2. Personal Details:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Forenames: |   | Surname: |   |  |  |  |  |  |  |  |
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| Address: |   |  |  |  |  |  |  |  |
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| Postcode: |   |  |  |  |  |  |  |  |
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| E-mail address: |   |  |  |  |  |  |  |  |
| *Telephone:* |  |  |  |  |  |  |  |
| Home: |   | Mobile: |   |  |  |  |  |  |  |  |
| Work: |   | May we contact you at work? |   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| How did you hear of this role?  |   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Do you own or have regular use of a car? |   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Have a current, full driving licence? |   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| Licence No: |   | Date Full Licence Gained: |   |   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Licence Categories: |   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Driving Experience (vehicles): |   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Have you any current endorsements?  |   |  |  |  |  |  |  |  |
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| If yes, please give details: |   |  |  |  |  |  |  |  |
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| Are you a member of Disclosure Scotland PVG Scheme?  |   |  |  |  |  |  |  |  |
| If yes, give PVG number: |   |  |  |  |  |  |  |  |
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| **3. Relevant Skills:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Please explain why you believe you would be suited to the role applied for including any special relevant skills and experience.  |  |  |  |  |  |  |  |
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| **Use a separate sheet if more space is needed marked with your name.** |  |  |  |  |  |  |  |
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| **4. Experience** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Please include details of your most recent employment/volunteer role here and any others that may be relevant. |  |  |  |  |  |  |  |
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| Present/previous: |   | From: |   |  |  |  |  |  |  |  |
| Address: |   | To:  |   |  |  |  |  |  |  |  |
| Position: |   |  |  |  |  |  |  |  |
| Duties/Responsibilities: |   |  |  |  |  |  |  |  |
| Reason for leaving:  |   |  |  |  |  |  |  |  |
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| Duties/Responsibilities: |   |  |  |  |  |  |  |  |
| Reason for leaving:  |   |  |  |  |  |  |  |  |
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| Position: |   |  |  |  |  |  |  |  |
| Duties/Responsibilities: |   |  |  |  |  |  |  |  |
| Reason for leaving:  |   |  |  |  |  |  |  |  |
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| **5. Education/Further Education** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name and location of School/College | Dates  |  Qualifications and grades obtained |  |   |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |  |
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| **Use a separate sheet if more space is needed marked with your name.** |  |  |  |  |  |  |  |
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| **6. Any other information you feel would assist us in considering you for this role?** |  |  |  |  |  |  |  |  |
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| **7. Have you previously applied for employment/volunteering with HcL?** |   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If YES please give date(s) and indicate outcome: |   |  |  |  |  |  |  |  |
| **8. Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974?**  |   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If yes, please give details: |   |  |  |  |  |  |  |  |
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| **9. References** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Please give the names of **two** referees, one of whom should be your most recent employer. |  |  |  |  |  |  |  |
| **Please seek permission from your referees before submitting your application.**  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name: |   |  | Name: |   |  |  |  |  |  |  |  |
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| In what capacity is the above known to you? |   |  | In what capacity is the above known to you? |   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| May we contact this person prior to interview? |   |  | May we contact this person prior to interview? |   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If appointed when would you be able to take up placement?  |   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Which days would you be available? | Mon |   | Tue |   | Wed |   | Thu |   | Fri |   | Sat |   | Sun |   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Placement is subject to receipt of satisfactory references.** |  |  |  |  |  |  |  |
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| **10. Declaration** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **I declare that the information above and on any attached papers is true to the best of my knowledge and belief.** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signed: |   | Date: |   |  |  |  |  |  |  |  |
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| **HcL is an equal opportunities employer and will not tolerate discrimination in any form.**  |  |  |  |  |  |  |  |
| **Our Equal Opportunities policy forms part of the terms and conditions of all employees/volunteers.** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **HcL – Handicabs (Lothian) is a Private Limited Company registered in Scotland No. 79712 Scottish charity SC013906Administration and registered office: 24/3A Dryden Road, Bilston Glen Industrial Estate, Loanhead EH20 9HX** |  |  |  |  |  |  |  |
| **admin@handicabs.org.uk** |   | [**www.HcLtransport.org.uk**](http://www.hcltransport.org.uk/) |  |  |  |  |  |  |  |