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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** | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |  |  |
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| **1. Role applied for**: | | | | |  | | | | | | | | | | | | | |  | |  |  |  |  |  |  |
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| **2. Personal Details:** | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
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| Forenames: | | |  | | | | | | | Surname: | |  | | | | | | |  | |  |  |  |  |  |  |
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| E-mail address: | | | |  | | | | | | | | | | | | | | |  | |  |  |  |  |  |  |
| *Telephone:* | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |  |  |
| Home: | |  | | | | | | | Mobile: | | |  | | | | | | |  | |  |  |  |  |  |  |
| Work: | |  | | | | | | | May we contact you at work? | | | | | |  | | | |  | |  |  |  |  |  |  |
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| How did you hear of this role? | | | | | | |  | | | | | | | | | | | |  | |  |  |  |  |  |  |
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| Do you own or have regular use of a car? | | | | | | | |  | | | | | | | | | | |  | |  |  |  |  |  |  |
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| Have a current, full driving licence? | | | | | | |  | | | | | | | | | | | |  | |  |  |  |  |  |  |
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| Licence No: | | |  | | | | | Date Full Licence Gained: | | | | | |  | | | | |  | |  |  |  |  |  |  |
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| Licence Categories: | | | |  | | | | | | | | | | | | | | |  | |  |  |  |  |  |  |
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| Driving Experience (vehicles): | | | | | |  | | | | | | | | | | | | |  | |  |  |  |  |  |  |
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| 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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| **4. Experience** | | | | | | | | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| Please include details of your most recent employment/volunteer role here and any others that may be relevant. | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |  |  |
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| 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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| **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?** | | | | | | | | | | | | | | |  | | | |  | |  |  |  |  |  |  |
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| 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?** | | | | | | | | | | | | | | |  | | | |  | |  |  |  |  |  |  |
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| 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.** | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |  |  |
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| In what capacity is the above known to you? | | |  | | | | | |  | In what capacity is the above known to you? | | |  | | | | | |  | |  |  |  |  |  |  |
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| May we contact this person prior to interview? | | | | |  | | | |  | May we contact this person prior to interview? | | | | |  | | | |  | |  |  |  |  |  |  |
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| If appointed when would you be able to take up placement? | | | | | | | | | | |  | | | | | | | |  | |  |  |  |  |  |  |
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| Which days would you be available? | | | | | Mon |  | Tue |  | Wed |  | Thu |  | Fri |  | Sat |  | Sun |  | |  |  |  |  |  |  |  |
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| **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.** | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |  |  |
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| 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.** | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |  |  |
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| **HcL – Handicabs (Lothian) is a Private Limited Company registered in Scotland No. 79712 Scottish charity SC013906 Administration and registered office: 24/3A Dryden Road, Bilston Glen Industrial Estate, Loanhead EH20 9HX** | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |  |  |
| [**admin@handicabs.org.uk**](mailto:admin@handicabs.org.uk) | | | | | | | | |  | [**www.HcLtransport.org.uk**](http://www.hcltransport.org.uk/) | | | | | | | | |  | |  |  |  |  |  |  |