

HcL - Dial-a-Ride & Dial-a-Bus VOLUNTEER APPLICATION

Please complete online or in black ink using block capitals.

Answer all questions and return completed form to:

admin@handicabs.org.uk

or by post to:

HcL, 24/3A Dryden Road, Bilston Glen Industrial Estate, LOANHEAD EH20 9HX

1. Role applied for:

2. Personal Details:

Forenames:

Surname:

Address:

Postcode:

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?

If yes, please give details:

Are you a member of Disclosure Scotland PVG Scheme?

If yes, give PVG number:

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.

4. Experience

Please include details of your most recent employment/volunteer role here and any others that may be relevant.

Present/previous:		From:	
Address:		To:	
Position:			
Duties/Responsibilities:			
Reason for leaving:			
Previous:		From:	
Address:		To:	
Position:			
Duties/Responsibilities:			
Reason for leaving:			
Previous:		From:	
Address:		To:	
Position:			
Duties/Responsibilities:			
Reason for leaving:			

5. Education/Further Education

Name and location of School/College	Dates	Qualifications and grades obtained

Use a separate sheet if more space is needed marked with your name.

6. Medical History

Are you currently in good health?

If NO please explain:

Do you suffer from any medical condition or disability which would prevent you fulfilling the duties required in the position applied for?

If YES please explain:

Do you take any form of medication?

What adjustments, if any, may be necessary for you to take up this role?

If we ask you to come for an interview, what arrangements can we make to help to accommodate your needs?

7. Any other information you feel would assist us in considering you for this role?

Use a separate sheet if more space is needed marked with your name.

8. Have you previously applied for employment/volunteering with HcL?

If YES please give date(s) and indicate outcome:

9. 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:

10. 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:

Address:

Address:

Tel No:

Tel No:

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	
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Which district would you prefer to volunteer in?

Edinburgh		East & Midlothian		West Lothian	
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Placement is subject to receipt of satisfactory references.

11. Declaration

I declare that the information above and on any attached papers is true to the best of my knowledge and belief.

Signed:

Date:

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 SC013906 Administration and registered office: 24/3A Dryden Road, Bilston Glen Industrial Estate, Loanhead EH20 9HX admin@handicabs.org.uk www.HcLtransport.org.uk