

VOLUNTEER DRIVER APPLICATION FORM

First Name(s) _____ Surname: _____

Home Address: _____

Previous Addresses (if outside County Durham)

1. _____

2. _____

Telephone No: _____

Alternate Telephone No: _____

Email Address: _____

Date of Birth: _____

Do you hold a full current Driving Licence? YES/NO

Car Owner/Driver?

YES/NO

Relevant Training /Qualifications (if Applicable)

Dates	Course/Result

Any Other Relevant Information

(Please attach supplementary sheets if necessary)

References

Please give the name, address and occupation of TWO referee's.

Referee 1

Referee 2

Telephone No.

Telephone No.

Court Offences

Have you been convicted in any court of any offence?

YES/NO

If yes please specify _____

Under the Rehabilitation of Offences Act 1978 (Exceptions) Order, 1975 applicants are required to disclose information concerning convictions including those which for other purposes are regarded as "spent" under the Act. If you take up an appointment with Supportive SRC Ltd and you have failed to disclose such information this could result in dismissal or disciplinary action. Any information divulged will be treated in strict confidence and will be considered only in relation to applicants for posts subject to the provision of the above order.

I give permission for Supportive SRC Ltd to carry out a Police Check

YES/NO

Declaration

Are you related to any Committee Member(s) or Senior Officers of Supportive SRC Ltd?

YES/NO

If so please give the Name and Relationship. Failure to disclose such a relationship shall, if the appointing Committee so declare, disqualify you from the appointment and if appointed shall render you liable for dismissal without notice.

Canvassing of Members of the Committee directly or indirectly for any appointment is prohibited and shall, if the appointing Committee so declare, disqualify the Candidate for that appointment.

Date _____ Signed _____

Supportive SRC Ltd is an Equal Opportunities employer and welcomes all applications irrespective of race, disability, religion, sexual orientation, marital status, political belief and age.

EQUAL OPPORTUNITIES MONITORING FORM

Please complete the following details that will only be used to enable Supportive SRC Ltd to monitor their Recruitment and Selection Process with regard to Equal Opportunities.

Please tick appropriate boxes:

1. Are you:

Male	
Female	

2. How would you describe your cultural or ethnic origin
(Please tick one box only)

White		Indian	
Black African		Pakistan	
Black Caribbean		Bangladeshi	
Black Other		Other	

3. Are you aged:

17 - 20 years		45 - 50 years	
21 - 24		51 - 54	
25 - 29		55 - 60	
30 - 34		61 - 65	
35 - 39		66 - 70	
40 - 44		70+	

4. Do you consider that you are disabled in any way?

Yes		No	
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5. Do you require any special assistance to make an interview with Supportive SRC Ltd more accessible?

Yes		No	
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Thank you for completing the form.

Postal Address



Help to Health
7a Dean and Chapter Industrial Estate,
Ferryhill
County Durham
DL17 8LH