**Driving and Mobility Centre, West of England**

**Application for Employment**

**Private and Confidential**

Position applied for:

Title: Forename(s): Surname:

Address: Postcode:

N.I. Number: Email:

Tel (Home): Tel: (Mobile):

**Current Driving Licence?** Yes/No Groups: Expiry Date:

Details of any endorsements:

**Are there any restrictions on you taking up employment in the UK?**

Yes/No

If Yes, please provide details:

**Education**

Schools/Colleges/University Qualifications gained

**Employment History:** (please complete in full and use a separate sheet if necessary)

Dates to and from Name and address

Job Title: Rate of Pay

Reason for leaving:

Notice required:

Dates to and from Name and address

Job Title: Rate of Pay

Reason for leaving:

Notice required:

Dates to and from Name and address

Job Title: Rate of Pay

Reason for leaving:

Notice required:

**Other Employment**

Please note any other employment that you would continue with, if you were to be successful in obtaining this position:

**Current membership of professional bodies (i.e. CIPD, NMC)**

Please note any professional bodies you are a member of or are registered with:

**References**

Please note here the names and addresses of two persons from whom we may obtain both character and work experience references.

Name 1:

Position:

Address:

Postcode:

Telephone:

May we approach the above prior to interview? Yes/No

Name 2:

Position:

Address:

Postcode:

Telephone:

May we approach the above prior to interview? Yes/No

**Criminal record**

Please note any criminal convictions except those ‘spent’ under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory Disclosure & Barring Certificate from the Disclosure & Barring Service/Disclosure Scotland.

**In reference to the Job Description, please summarise how your experience and skills meet the needs of this post (continue on a separate sheet if needed):**

**Please return this application form (marked ‘Vacancy - Office Admin’) to:**

Daniela Meucci, Centre Manager

Driving and Mobility Centre

The Vassall Centre

Gill Avenue

Fishponds

Bristol

BS16 2QQ

Or by email to daniela.meucci@drivingandmobility.org Please put the subject heading as ‘Vacancy- Office Admin’.

**Declaration** (please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Disclosure and Barring Service/Disclosure Scotland for a Disclosure and Barring Certificate. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed: Date: