

VOLUNTEER DRIVER

Application Form



When completed please return to: HRJersey@hctgroup.org

1. Personal information

Name in full

Address

 Post code
 Email address

Date of birth

Home telephone number

Mobile telephone number

Are you residentially qualified? Yes No

2. Driver licence information

Driver number

 / /

Do you hold

A current driving licence? Yes No Date held from Expiry date

Jersey PSV (Omnibus D) licence Yes No Date held from Expiry date

Are there endorsements on your licence? Yes No If yes, please provide details

Date of offence Convictions No. of points Code

Date of offence Convictions No. of points Code

Are you subject to any pending motoring offences Yes No If yes, please provide details

Date of offence Notice of offence

Have you ever been refused a licence or an entitlement? Yes No Have you ever had your licence revoked or taken away? Yes No

If yes, on what grounds?

Please give details and dates of any road accidents, blameworthy or not, in which you have been involved, in the last five years.

Please enclose a photocopy of your driving licence(s) with the completed application form.

3. General Health information

How many days off work have you had in the last 2 years?

Please give details of any injuries that you have that may affect your ability to drive.

Are you currently on any medication? If so please give details.

4. Why do you want to volunteer for CT PLUS (the Jersey Minibus Scheme)?

Please use this space to outline the reasons why you wish to work for CT PLUS (Jersey Minibus Scheme). You may wish to include details of any experience of dealing with members of the public, handling cash and any community or voluntary activity you have undertaken. Please refer to the 'Person Specification' when detailing experience as this is the information we will use to select applicants for interview.

[Continue on a separate sheet and attach if you wish]

5. Vocational qualifications and other skills

Please give details of any skills or qualifications that you have that are relevant to this post (for example customer care training, first aid certificate, disability awareness training).

6. Convictions and legal proceedings

With the exception of offences which are "spent" under the terms of:

- the UK "Rehabilitation of Offenders Act 1974";
- the Jersey Rehabilitation of Offenders (Jersey) Law 2001;
- the UK Rehabilitation of Offenders (Exceptions) Order 1975; and
- the Jersey Rehabilitation of Offenders (Exceptions) (Jersey) Regulations 2002

enter the exact details of any criminal convictions. Please enter details of any outstanding Summons of Prosecution. If you have no convictions or outstanding summonses please write "none".

Date of offence	Date of conviction	Nature of offence	Sentence or court order
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. References

Please provide names and details of two referees, one of whom must be your present or most recent employer. The other may be someone who has known you for at least two years. This may not be a relative. We will not contact your referees prior to any offer of employment.

Current or most recent employer

Second referee

Name

Name

Job title

Job title

Company

Company

Address

Address

Telephone number

Telephone number

9. Declaration of validity

I declare that the information provided on this application form is, to my knowledge true and accurate. I understand that if it is subsequently discovered that any statement is false or misleading, I may be discharged from my employment with CT PLUS. With the exception of offences that are spent under paragraph 7 of this application form, I have included details of criminal convictions, including driving offences. I am legally entitled to take paid employment in the Bailiwick of Jersey.

Signature

Date