 Health for All (Leeds) Ltd

Tenants Hall Enterprise Centre

Acre Close

Middleton

Leeds

LS10 4HX

Tel - 0113 2706903

Fax - 0113 2725104

Email -recruitment@healthforall.org.uk

Website - [www.healthforall.org.uk](http://www.healthforall.org.uk)

|  |
| --- |
| **SESSIONAL DRIVER APPLICATION FORM** |

|  |  |
| --- | --- |
| Title |  |
| First Name(s) |  |
| Surname |  |
| Address |
| Contact Telephone Number |  |
| Mobile Telephone Number |  |
| Email Address |  |
| National Insurance Number |  |
| How did you hear of this vacancy? |  |
| Are you currently working if so what is your current occupation? |  |
| Type of driving licence held?From what date licence held?Please detail any points and dates of any convictions  |  |
| **Employment History**Please give **all** details of paid employment you have had, giving the most recent first. |  |
| Why do you want to become a driver for Health for All? |  |
| Have you done sessional work before? (please give details) |  |
| Please detail what experience you have which is relevant to this role? |  |
| Please detail what skills you have which is relevant to this role? |  |
| Please detail what knowledge and ability you have which is relevant to this role?  |  |
| Please indicate the days you would be willing and able to work | Monday □Tuesday □Wednesday □Thursday □Friday □Saturday □Sunday □ |
| Please indicate the times you would be willing and able to work | Morning □Afternoon □Evening □ |

References

**Please give details of two referees. One referee MUST be your current employer, or if you are unemployed your most recent employer. Your referees must be able to vouch for both your honesty and your professional competence. We would expect these people to have known you in a professional context, not just a personal one. Two satisfactory references must be received before commencement of employment. The information we request will relate to salary, length of service, job title, skills & abilities, reasons for leaving, absence records, and disciplinary record.**

|  |  |
| --- | --- |
| Name | Name |
| Address | Address |
| Telephone | Telephone |
| Email Address  | Email Address  |
| Relationship to Applicant | Relationship to Applicant |

**Declaration**

**Health for All (Leeds) Ltd, aims to promote equality of opportunity for all with the right mix of talents, skills and potential.**

**Health for All welcomes applications from diverse candidates.**

**Health for All is committed to safeguarding children, young people and vulnerable adults and the successful applicant will be subject to an enhanced DBS check.**

**Criminal records are considered for recruitment purposes only when the conviction is relevant. Unless the nature of the work demands it, you will not, be asked to disclose convictions, which are ‘spent’ under the Rehabilitation of Offenders Act 1974. Having an ‘unspent’ conviction will not necessarily bar you from employment. This will depend on the circumstances and background to your offence(s).**

**Under the Asylum and Immigration Act 1996 it is a criminal offence to employ anyone who is not entitled to live or work in the United Kingdom. Applicants can expect us to ask for proof of this at interview stage, where you will be asked, to provide some original documentation to confirm that you are eligible to work within the UK. Photographic proof of identity will also be required.**

**Declaration Section**

**I confirm that the information given in this application form is a true record and understand that any false information can result in my employment with Health for All being terminated if successfully appointed.**

**Only an original signature will be required if you are offered the post.**

|  |  |
| --- | --- |
| **Signature of Applicant** |  |
| **Date**  |  |

**Data Protection Consent**

**I confirm that I consent to Health for All (Leeds) Ltd processing my data necessary for the purpose of recruitment and selection.**

**I understand that if I am unsuccessful at gaining employment with Health for All (Leeds) Ltd this application form, will be kept for a period of six months and then destroyed in line with our retention policies.**

**I understand that if successfully appointed the information I have supplied within this application form would be to perform a contract of employment.**

**We will not disclose your details onto any third parties unless required to do so by law.**

**Only an original signature will be required if you are offered the post.**

|  |  |
| --- | --- |
| **Signature of Applicant** |  |
| **Date** |  |