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| **POST APPLIED FOR -**  | **Community Transport Driver – Part Time**  |
| **Closing Date for Applications -**  | **4p.m. 10th April 2024** |
| **Date by which you will be notified if you have been shortlisted for interview -**  | **12th April 2024** |
| **Date interviews will be held.** | **24th April 2024** |
| **Do you have a full clean driving Licence?** | **Yes/No** | **What year did you pass your driving test?** |  |
| **PLEASE COMPLETE THE APPLICATION FORM FULLY. A C.V CAN BE ATTACHED AS SUPPORTING EVIDENCE BUT NOT IN PLACE OF A COMPLETED APPLICATION FORM.** |
| **Name:** |
| **Address:** |
| **Contact Telephone Number:** |
| **Email address:** |
| **First Language Welsh/English/Other.****SDCP has at its heart a commitment to valuing, celebrating and promoting Welsh language and culture. Please complete the following table with your assessment of your command of the Welsh Language.**

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|  | **Fluent/First Choice when communicating -**  | **Very Confident -**  | **Confident -**  | **Basic -**  |  |  |  |
| **Spoken –**  |  |  |  |  |  |  |  |
| **Written -**  |  |  |  |  |  |  |  |
| **Reading -**  |  |  |  |  |  |  |  |

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| **HEALTH:****ARE YOU IN GOOD HEALTH?***If no, please give further information.***DO YOU HAVE ANY COMMITMENTS WHICH MIGHT LIMIT YOUR WORKING HOURS?***If yes, please give further information.* |
| **EDUCATION AND QUALIFICATIONS:**Please note, candidates invited to interview must bring all original certificates for inspection.

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| **SCHOOL** | **DATES** | **EXAM** | **SUBJECT** | **GRADE** |
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| **COLLEGE/UNIVERSTIY** | **DATES** | **EXAM** | **SUBJECT** | **GRADE** |
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**Are you a member of a professional association? Yes/No****If yes, please provide details.****RELEVANT TRAINING COURSES**

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| **DATE** | **DURATION** | **ORGANISATION** | **COURSE ATTENDED** |
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| **Please describe fully how you meet all the requirements of the person specification in the job pack. As this is how we shortlist it is in your best interest to give relevant examples and explain fully the skills you would bring to the post.**Knowledge (max 500 words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Skills & Abilities (max 500 words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Personal Qualities/Attributes (max 500 words)

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| **Please tell us any other relevant experience, information about yourself, and particular skills you have that you feel are relevant to the post.**  |
| **As this post involves working with vulnerable adults and children it is necessary for the successful candidate to have a suitable enhanced DBS clearance and Childcare Disqualification Requirement Declaration.** |
| **Do you have a current Enhanced DBS?** |
| **If yes what is the date and reference number on your certificate?** |
| **If no, would you be willing for SDCP to Carry out a DBS Check?** |
| **Please Provide the names and Contact Details of two referees. They will only be contacted if we offer you the position. One must be your current, or most recent employer.**

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| **Referee 1** | **Referee 2** |

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| **Please include the dates for any holidays you have booked in the next 3 months.****If offered the position, what notice period would you be required to provide?****If called for an interview, are there any special arrangements we would need to make to assist your attendance?**If yes, please give further information:**Declaration:**

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| Any appointment will be offered based on your application and interview. SDCP reserves the right to terminate your employment, without notice, if it was discovered that the information provided was not accurate in some material way. I confirm that, to the best of my knowledge, the information given on this form is true and correct and can be treated as part of my subsequent contract of employment. In the event of being shortlisted, I understand that, where the post is exempt from the Rehabilitation of Offenders Act 1874, I shall be asked to complete a confidential declaration regarding all convictions spent or unspent and I shall be required to undergo a DBS Clearance |  |

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| **Signed** |
| **Date** |