Order of Malta dial a journey Trust

17 Munro Road
STIRLING FK7 7UU
01786 465355

Employment Application

Post Applied For:

Where did you first hear of this post?

Please note that incomplete applications will not be considered

Personal Information

Title	Surname	Initials

Contact Address:

Postcode

Home Telephone No:

Mobile No:

E Mail:

National Ins No

If the post allows, are you willing to job share? Yes ☐ No ☐

References
Names and addresses of two people who may be contacted for a reference.
N.B. At least one of the referees should be relevant to your current or most recent employment

Name:

Address:

Tel No:

Fax No:

E-mail address:

State company position or relationship to applicant:

May contact be made prior to interview

Yes ☐ **No** ☐

Name:

Address:

Tel No:

Fax No:

E-mail address:

State company position or relationship to applicant:

May contact be made prior to interview

Yes ☐ **No** ☐

Present/Most Recent Employment

Dates of Employment	From:	To:
Employers Name and Address	Job title or Description	Reason for Leaving

Notice Required or Date Left:	Salary/wage rate in Above post
Additional benefits/allowances:	
Brief description of duties and responsibilities, etc: Additional benefits/allowances: (continue on separate sheet if necessary)	

Driving Licence

Do you hold a current driving licence Yes ☐ No ☐ If yes, state classes of entitlement e.g. B, D, D1 etc	Do you have any driving convictions or Endorsements Yes ☐ No ☐ If yes, state type and date of conviction or endorsement

First Aid Qualification

Do you hold a current First Aid Certificate or Qualification Yes ☐ No ☐

Previous Employment (continue on a separate sheet if necessary)

Dates of Employment (most recent first)		Employers name and address	Job Title or description	Reason for Leaving
From	To			

Education and Training (continue on a separate sheet if necessary)

State whether gained at School, College, University or other institution	Qualification/Subject	Result/Grade	Dates of Certificate/Award

Membership of Professional Bodies (if applicable)

Name of Institute/Professional	Class of Membership	Method of Admission	Length of Membership	Date Achieved

Other qualifications, training, experience or special skills related to this application.
Brief details relevant to your application. (continue on a separate sheet if necessary)

Medical History

Do you require any assistance in order to carry out your duties? Please list details of any illness or operations.	Date

If you are invited for interview you will be asked to complete a detailed Confidential Health Questionnaire and, with your permission a medical report from your doctor may be sought before any offer of employment considered.

Candidate's statement of experience (continue on a separate sheet if necessary)

How does your skills, experience and training at work or in a personal/voluntary capacity relate to the post for which you have applied

Other Information

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975
Because of the nature of the work for which you are applying, the company has determined that this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975, in particular part 11, Para 12, and you are therefore not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act, and in the event of employment any failure to disclose such convictions could result in dismissal or disciplinary action by the company.

Have you been convicted of a criminal offence
Or are you at present the subject of criminal charges Yes ☐ No ☐

PLEASE NOTE THAT IF YOU ARE SUCCESSFUL IN EMPLOYMENT YOU WILL BE REQUIRED TO UNDERTAKE A PVG OR ENHANCED DISCLOSURE CHECK

If yes, please give details below

If related to any employee of Dial-a-Journey or Board Member, please state name and relationship to such person	

I certify that the foregoing is true in all respects to the best of my knowledge and belief.

Signature:	**Date:**

It will help us to improve our performance as an Equal Opportunities employer if you would please complete and return the enclosed Equal Opportunities Monitoring Form.

All personal information supplied will be used solely for the purposes stated in this form. No information will be passed on to others or used for purposes other than those stated on this form. Dial-a-Journey is registered under the Data Protection Act

In the interest of economy, receipt of your application **will not** be acknowledged. If you have not been called for interview within 4 weeks of the closing date for applications, please assume your application has been unsuccessful.

PLEASE RETURN THE COMPLETED FORM MARKED "STAFF CONFIDENTIAL" to the address on the front of the Form or by e-mail to heidi@dial-a-journey.org or konstantina@dial-a-journey.org