



**BRENT COMMUNITY TRANSPORT- APPLICATION FORM
VOLUNTEER OFFICE ASSISTANT**

Please refer to the Person Specification (downloadable from website) while completing this form.

Our ref:

Please complete form using black ink and BLOCK CAPITALS.

First Name	Last Name	
Address	Telephone number/s	
	Day:	
	Evening:	
Postcode	Mobile:	
Email address:	D.O.B	N.I Number
	/ /	
Are you related to any members of the Management Committee or staff at Brent Community Transport?		
Yes / No		
If 'yes', please give details. Any canvassing will automatically disqualify candidates.		

REHABILITATION OF OFFENDERS ACT 1974 (Exemptions 1986)

The post is exempted from the *Rehabilitation of Offenders Act, 1974*, which means that all convictions, cautions, reprimands and final warnings on your criminal record need to be disclosed including spent ones. All successful applicants will be required to complete an Enhanced Criminal Record Declaration. A criminal record will not necessarily decline you from obtaining the position you are applying for.

Have you ever been convicted of a criminal offence? Yes/No

If 'yes', please give details:

AVAILABILITY– Please select below your availability				
	<i>(Tick box)</i>		Specific times	Any other details
	AM only	PM only		
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

EMPLOYMENT HISTORY (Please start from most recent. Please also provide details of previous voluntary roles if applicable)			
DATE	NAME & ADDRESS OF EMPLOYER	POSITION HELD AND RESPONSIBILITIES	REASON FOR LEAVING

EDUCATION & TRAINING – Please provide details of any additional training or qualifications that you have gained and regard as relevant for this post.

Please tell us why you would like to volunteer.

REFERENCES – Please provide contact details for two referees, one of which should be your most recent employer or from an organisation you have volunteered for. We cannot accept references from family or friends. **By providing this information, you are agreeing for us to contact these persons prior to or after the interview process.*

<i>(Most recent)</i> <u>Name of company/organisation</u>		<i>(One other)</i> <u>Name of company/organisation</u>	
Name of referee		Name of referee	
Position		Position	
Email		Email	
Telephone		Telephone	
Address		Address	

EQUAL OPPORTUNITIES MONITORING - In order to assist BCT in monitoring the effectiveness of its Equal Opportunities Employment Policy, please complete the following.

Nationality –

Disability – Please give details of any disability.

Gender – Male <input type="checkbox"/> Female <input type="checkbox"/>	Do you require a permit to work in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes', please state if there are any restrictions to your permit.
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PLEASE CHECK ALL THE INFORMATION YOU HAVE GIVEN IS CORRECT. ONCE YOU HAVE DONE THIS, PLEASE READ, SIGN AND DATE THE DECLARATION ON PAGE 4.

DECLARATION – I declare that the information given in my application form and any additional information provided in support of my application is true and complete to the best of my knowledge. I understand that any of the following will result in my application being rejected or, if discovered after employment, it will render me liable for disciplinary action which may include dismissal:

- Any false statement, deliberate omission or misrepresentation;
- Failure to disclose a relationship to, or canvassing of, a person holding a position of authority in the Organisation.
- Failure to disclose any criminal convictions cautions reprimand of bindovers where required to do so.

Name:

Signed:

Date:

If you have a CV, please attach it with your application and post to:

**Brent Community Transport
Studio 41-42 Building 56 South
Magnet Road (East Lane Business Park)
Wembley
Middlesex
HA9 7RG**

Or email – roshni@brentct.org.uk