|  |  |
| --- | --- |
| APPLICATION FORMSTRICTLY CONFIDENTIAL **A CV is acceptable only in addition to this completed form** | BakersDolphin_new Logo Locking_RGB |

|  |  |
| --- | --- |
| Name: |  |
| Post Applied For: |  |

|  |  |  |
| --- | --- | --- |
| Do you hold a current and valid PCV licence?  Date of expiry  Do you have use of a car? | **YES / NO**  **YES / NO** | National Insurance Number |

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Forenames | Surname | | Title; Ms, Mr, Mrs, Miss etc |
| Address | | Home Telephone | |
| Mobile | |
| Work Telephone (only if we may contact you there) | |

**CURRENT OR MOST RECENT EMPLOYER**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer  Name & Address: | |  | |
| Position Held, Major Duties & Responsibilities; | | | |
| Date Appointed | Present Salary | |  |

**PREVIOUS EMPLOYMENT – Listed with most recent first**

|  |
| --- |
| Dates, from - to |

**EDUCATION**

|  |  |  |
| --- | --- | --- |
| Name of School / College / University | Examinations Passed | Grade |

## PROFESSIONAL / TECHNICAL QUALIFICATIONS / MEMBERSHIPS

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Body / Institute | Qualifications / Memberships | Grade | Date Obtained |

## Proof of qualifications/memberships will be required at interview and copies taken at time of appointment.

**TRAINING**

|  |  |  |
| --- | --- | --- |
| Name of Organisation Providing Training | Course Attended | Date of Course |

**ADDITIONAL INFORMATION**

**This is the most important part of your application. Please tell us what makes you think you are suitable for this job**

Please outline the skills, experience and knowledge you have gained through paid or unpaid employment, education or leisure interests, which are relevant to the position for which you are applying.

Please continue on a separate sheet if necessary(do not exceed 500 words in total)

**REFEREES**

If you are successful in this application for employment with this Company, would this be your only job? If not (because of the Working Time Regulations), please give details of any secondary employment.

|  |  |
| --- | --- |
| Please give names and addresses of two referees. One must be your current employer. The second can be anyone, including a previous employer. | |
| **First Referee - Employer**  Name:  Organisation:  Address: | Post Code: |
| Daytime telephone: | May we contact them without further reference to yourself? **YES / NO** |
| **Second Referee**  Name:  Organisation:  Address: | Post Code: |
| Daytime telephone: | May we contact them without further reference to yourself? **YES / NO** |
| In what capacity do you know the second referee? | |

**SIGNATURE**

I certify that the statements contained in this application are to the best of my knowledge correct and that knowingly making a false statement may lead to dismissal.

Signed…………………………………………………………………………………………

Date………………………………….

**MONITORING – Private & Confidential**

**EQUAL OPPORTUNITIES IN BAKERS DOLPHIN COACH TRAVEL & HOLIDAYS**

**Bakers Dolphin is committed to pursuing equality of opportunity.** This means that we treat all applicants and employees fairly, irrespective of sex, disability, marital status, race, colour, nationality, ethnic or national origin, sexual orientation, religion or belief, membership or non-membership of trade union or caring responsibilities. We need to find out if your policy is working in practice, particularly when we are taking on new people. To do this we need to look at:

* How we advertise the jobs;
* How we select people for interview;
* Who is offered the job; and
* What we do after a successful interview.

Monitoring the recruitment and selection procedures is one way of helping to ensure that there is no unfair discrimination in the way we take on people.

**How can you help us?.**

To do this we need to know about the age, disability, gender, race and ethnic origin etc of people who apply to join Bakers Dolphin. We would like you to complete this questionnaire.

**RACE/ETHNIC ORIGIN**

Please choose ONE section from A to E, then tick the appropriate box (or write in description) to indicate your cultural background.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A. White** | | **C. Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh** | | **E. Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh, or another ethnic group** | |
|  | British – English |  | Indian |  | Chinese |
|  | British – Scottish |  | Pakistani |  | Other Background, please write in; |
|  | British – Welsh |  | Bangladeshi |  |  |
|  | British – Other |  | Other Asian Background, please write in; |  |  |
|  | Irish |  |  |  |  |
|  | Other White Background, please write in; |  |  |  |  |
|  |  |  |  |  |  |
| B. Mixed | | **D. Black, Black British, Black English, Black Scottish, or Black Welsh** | |  |  |
|  | White and Black Caribbean |  | Caribbean |  |  |
|  | White and Black African |  | African |  |  |
|  | White and Asian |  | Other Black background, please write in; |  | …………………………………………… |
|  | Other Mixed Background, please write in; |  |  |  |  |

**DISABILITY**

Do you consider yourself to have, or have had a disability? **YES/NO**

If yes, please indicate which category best describes your disability (please see note below)

|  |  |  |  |
| --- | --- | --- | --- |
| Hearing impairment |  | Reduced physical capacity |  |
| Visual impairment |  | Severe disfigurement |  |
| Speech impairment |  | Learning difficulties/mental impairment |  |
| Mobility impairment |  | Mental illness |  |
| Physical co-ordination difficulties |  | Other (please describe) |  | |

If yes, please outline any reasonable adjustments that could assist you in this role;

If invited to interview would you need any arrangements made?

Note: The Disability Discrimination Act 1995 defines a disability as a physical or mental impairment which has a substantial and long term (i.e. more than 12 months) adverse effect on a person's ability to do normal daily activities. You may still be considered to have a disability if you are not currently adversely affected but the impairment is likely to recur

**DO YOU REQUIRE A WORK PERMIT**? (PLEASE TICK) **YES NO**

IF YES DO YOU HOLD A WORK PERMIT? **YES NO**

IF YES, WHEN DOES IT EXPIRE?

##### AGE How old are you? What is your date of birth?

##### GENDER: Male Female

**CRIMINAL RECORD INFORMATION**

Having a criminal record will not necessarily bar you from working for Bakers Dolphin, although the nature of the position and the circumstances of and background to any offences would be taken into consideration. There are some posts which are exempt from the Rehabilitation of Offenders Act 1974 and so spent convictions will have to be disclosed along with cautions, reprimands, final warnings and other non-conviction information (including pending prosecutions). These posts are also subject to disclosure. The letter accompanying this application form will advise you if this particular post is exempt from the Act.

Have you been convicted of any criminal offences (which are not yet spent under the Rehabilitation of Offenders Act 1974)? (please tick) **YES**  **NO**

If yes, please give details;

**ARE YOU LOOKING TO WORK?** (please tick) Full time Part time

**CARING RESPONSIBILTIES?**

Dependent children? (please tick) YES NO

Elderly or other dependants? YES NO

If YES, are you the main carer? YES NO

**Where did you see this post advertised?**

**Thank you for completing this monitoring form. It will be detached before shortlisting and has no effect whatsoever on your application. The information you give us will be treated as confidential and is purely for monitoring our equal opportunities policy.**

|  |  |
| --- | --- |
| Please return this form to:  **Derek Forbes**  **Driver Recruitment & Training Officer**  **Bakers Dolphin Coach Travel**  **48, Locking Rd, Weston super Mare.**  **BS23 3DN** | Telephone 01934 415000  Fax 01934 641162  Email: **derek.forbes@bakersdolphin.com** |

**BAKERS COACHES**

**MEDICAL DECLARATION**

*The information in this questionnaire will be held in the strictest confidence. All questions must be answered and the form completed as fully as possible.*

*Delete as appropriate.*

**To be completed by the applicant for employment as**:

**Section A**

**PERSONAL DETAILS:**

TITLE: MR/MRS/MS/MISS

SURNAME:……………………… FORENAME:…………………….

ADDRESS:……………………………………………………………………………

………………………………………………………………………………………….

POSTCODE:…………………………

DATE & PLACE OF BIRTH:……………………………………………..

NAME & ADDRESS OF YOUR DOCTOR:…………………………….

What is your height?....................

What is your weight?....................

Do you wear glasses/contact lenses? YES/NO

Is the sight in each eye separately good for all usual activities using glasses/contact lenses if necessary? YES/NO

Is your hearing in each ear separately good enough for all normal purposes including telephoning, using a hearing aid if necessary YES/NO

**Section B**

Please list below all absences from work for health reasons during the past 12 months?

|  |  |
| --- | --- |
| Length of absence (days) | Symptom |
|  |  |
|  |  |
|  |  |
|  |  |

**Section C**

Please answer YES/NO as appropriate, applying each item to the following questions:

Have you ever in your life, including childhood, had any of the following?

If the answer is **YES** please give full details in the remarks column including:

* The date(s)
* The amount of time lost from work/school
* Whether you require or are awaiting treatment

|  |  |  |  |
| --- | --- | --- | --- |
| Condition | YES | NO | Remarks |
| Fainting attacks/giddiness |  |  |  |
| Tuberculosis (TB) |  |  |  |
| Sinusitis |  |  |  |
| Bronchitis, Pneumonia or Asthma |  |  |  |
| Recurring headaches or migraine |  |  |  |
| Dermatitis / skin disorders |  |  |  |
| Foot or knee trouble |  |  |  |
| Varicose veins causing concerns |  |  |  |
| Have you ever suffered from deep vain thrombosis |  |  |  |
| Rupture/Hernia |  |  |  |
| Recurrent indigestion dyspepsia or ulcer |  |  |  |
| Kidney/bladder disease |  |  |  |
| Blackouts, epilepsy / fits |  |  |  |
| Heart troubles, attack, angina |  |  |  |
| High blood pressure |  |  |  |
| Diabetes |  |  |  |
| Hay fever or any other allergy |  |  |  |
| Have you ever had jaundice |  |  |  |
| Shortness of breath |  |  |  |
| Nervous disorders or breakdowns |  |  |  |
| Upper limb disorders through lifting |  |  |  |
| Back or neck trouble/sciatica |  |  |  |
| Serious injury or accident |  |  |  |
| Have you ever had any broken bones |  |  |  |
| Rheumatism arthritis or joint trouble |  |  |  |
| Have you had any operations or been admitted to hospital |  |  |  |
| Are you currently attending any hospital, clinic or outpatient dept |  |  |  |
| Are you presently taking any medicine or drugs |  |  |  |
| Do you have any symptoms which frequently prevent you from going to work |  |  |  |
| Have you left your job or been discharged from HM Forces due to ill health |  |  |  |
| Have you ever received compensation or a pension for ill health or injury |  |  |  |
| Do you have, or have you had any defect, disorder or other condition, mental or physical, not already declared |  |  |  |
| Are you or have you ever been registered disabled |  |  |  |

**ANY FURTHER REMARKS OR INFORMATION**

Do you smoke? YES/NO

How many cigarettes do you smoke each day?

If you drink, how many units do you consume each week?

1 pint beer/lager = 2 units

1 single spirit or 1 small glass of wine = 1 unit

(Approximately) …………unit(s) of alcohol each week?

**SECTION D**

**DECLARATION OF APPLICANT**

I declare that to the best of my knowledge all the foregoing statements are correct and undertake to inform Bakers Coaches immediately of any changes in my physical and/or mental condition.

I also give permission for my General Practitioner to be contacted if necessary.

I understand that the information held in respect will be collected; stored and used by personnel staff and that this and any related data will be made available to me on request.

Signature of Applicant:…………………………… Date:…………………………….

***For office use only:***

Any further comments from interviewer:

Action to be taken:

Reviewed by:

Signed by Manager:……………………………… Date:…………………