

The Circle

33 Rockingham Lane

Sheffield

S1 4FW

T: 0114 2536750

E: info@disabilitysheffield.org.uk

W: [www.disabilitysheffield.org.uk](http://www.disabilitysheffield.org.uk)

Travel Support Worker application form

Please complete the application form in full and use black ink or type to complete the form.

1. Personal details

|  |  |
| --- | --- |
| Surname |  |
| Forename |  |
| Email address |  |
| Address |  |
| Post code |  |
| Main contact phone number |  |

Please ensure you have completed our equal opportunities monitoring form, which can be accessed via [this link.](https://forms.office.com/Pages/ResponsePage.aspx?id=thxYYSuUTUycWnY47BEAWPQqA-p0MrtNtth7kidvhHpUNlo3N1NGTThEWFVCRTc2VEUxWFpUWkEzMiQlQCN0PWcu)

1. Current and previous employment

Please give us 2 or 3 examples of any paid or voluntary work you have done that is has some things in common with the role of Travel Support Worker – or just ones that you’re proud of!

You **do not** need to give your full employment / volunteering history - just the most relevant or recent.

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| Employers name, city and nature of business | Job title and brief description of duties | Datesfrom / to | Notice period / reason for leaving |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Why are you interested in becoming a Travel Support Worker?

Please tell us a bit about yourself. We are not looking for a long supporting statement – we just want to know a bit about who you are and why you think you’d be a good Travel Support Worker?

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|  |

1. References & declaration

Please provide the names of two referees, one of which must be your current or most recent employer. Please give all addresses in full if known and provide email details if possible.

References will only be requested after you been conditionally offered the job.

Do you agree to us approaching your referees at that time? [ ]  Yes [ ]  No

**Any offer of employment will be subject to the receipt of references, and to the completion of other pre-employment checks including an enhanced DBS, which are satisfactory to Disability Sheffield**

|  |
| --- |
| Current / most recent employer |
| Name |  |
| Organisation and position held |  |
| Address |  |
| Post code |  |
| Email address |  |
| Telephone number |  |

|  |
| --- |
| Second referee |
| Name |  |
| Organisation and position held or relationship to you |  |
| Address |  |
| Post code |  |
| Email address |  |
| Telephone number |  |

Are you eligible to work in the UK? [ ]  Yes [ ]  No

Do you have a full, valid UK driving license? [ ]  Yes [ ]  No

Do you have access to a suitable vehicle that you can use for the role? [ ]  Yes [ ]  No

|  |
| --- |
| **Disability**Definition of Disability: The Equality Act 2010 defines disability as 'A physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities.’ Long term in this context means likely to last longer than 12 months or likely to recur. Please note that cancer, HIV and multiple sclerosis are covered by the Act from the point of diagnosis.**Do you consider yourself to have a disability as defined above?** Yes [ ]  No [ ]  Prefer not to say [ ]  |
| **Declaration**I declare that, to the best of my knowledge, the information given in this application is correct. I understand that deliberate omissions and incorrect statements could lead to my application being rejected or to my dismissal.**Signature:****Date:**If you are sending this form to Disability Sheffield by email then you should note that, in the absence of this signature, the emailing of this application constitutes your personal certification that thedetails are correct**.** |

We reserve the right to close this vacancy early if we receive sufficient applications for the role, so if you are interested please submit your application as early as possible.

Completed forms should be returned to:

info@sheffieldtravelsupport.org.uk

Or posted to:

Sheffield Travel Support

Disability Sheffield

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33 Rockingham Lane

Sheffield

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