Fire Application Form

By completing this application form you are stating that you are happy for this form and the information it contains to be shared with all relevant members of our recruitment team in line with GDPR regulations.

Please email it to [suffolkfire.oncall.recruitment@suffolk.gov.uk](mailto:suffolkfire.oncall.recruitment@suffolk.gov.uk)

|  |  |  |
| --- | --- | --- |
| **Vacancy** | reference number: |  |
| job title: |  |
| work base/ location: |  |
| hours are you applying for: |  |
| closing date |  |
| How did you find out about the job? | |  |

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| **Current or Previous Employee of Suffolk County Council?** | If current, please state payroll number: |  |
| If previous, please read paragraph 50 of our [Pay Policy Statement](https://www.suffolk.gov.uk/assets/Jobs-careers-and-business/jobs-and-careers/Staff-salary-scales-and-trade-union-facility-time/PayPolicyStatement2015-Final-v3.doc) | |

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| **Please tick if you have recently or previously applied to be:** | |
| an On-Call or Whole-time Firefighter with another Fire and Rescue Authority |  |
| an On-Call or Whole-time Firefighter with Suffolk Fire and Rescue Service |  |

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| --- | --- | --- | --- | --- | --- |
| Title |  | | | | |
| First name |  | | | | |
| Surname |  | | | | |
| Preferred name |  | | | | |
| Address |  | | | | |
| Town/ City |  | | | | |
| County |  | | | | |
| Postcode |  | | | | |
| Email address |  | | | | |
| Phone number – Mobile |  | | | | |
| Phone number – Other |  | | | | |
| National Insurance number |  | | | | |
| **Do you hold a full and current driving licence that entitles you to drive in the UK without restrictions ( with no more than 6 penalty points)** | | | Yes |  | No |  |

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| **Are you a** [**Care Leaver**](https://suffolkcc.metafaq.com/recruitment/recruitment/job-applicants/care-leaver)**?** | Yes |  | No |  | Prefer not to disclose |  |
| *Those under 25 years old that have been in our care for 3 months or more since the age of 14.* | | | | | | |

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| **Do you have a disability?** | | Yes |  | No |  | Prefer not to disclose | | |  |
| *The provision for disability within equalities legislation defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (ie has lasted or is expected to last at least 12 months) adverse effect on the person’s ability to carry out normal day-to-day activities* | | | | | | | | | |
| If yes, are there any arrangements we can make for interview? | | | | | | **Yes** |  | **No** |  |
| If yes, please specify: |  | | | | | | | | |

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| **Please confirm if you have any kind of:** | | | | |
| Colour blindness? | **Yes** |  | **No** |  |
| Hearing impairment? | **Yes** |  | **No** |  |
| Disability that reduces your ability to grip, hold or lift objects or to lift or lower yourself? | **Yes** |  | **No** |  |
| *Fire and Rescue Services are required to assess your suitability to perform the role, in accordance with the Equality Act 2010 and we consider what reasonable adjustments could be made to enable you to proceed with your application; provided they do not contravene Health and Safety legislation. Ensuring that individuals are safe at work for their own and others protection.* | | | | |

**Availability for Emergency Callouts**

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| --- | --- | --- | --- | --- | --- |
| **Please confirm if you:** | | | | | |
| are you currently employed? | | **Yes** |  | **No** |  |
| have your employers consent to apply? | | **Yes** |  | **No** |  |
| *Confirmation of consent is required, so please complete the ‘*[*Employers Consent Form*](https://askhr.suffolk.gov.uk/recruitment/job-applicants/employer-consent-form)*’ ask your employer to complete it and return it with your application.* | | | | | |
| Do you currently work a shift pattern? | | **Yes** |  | **No** |  |
| If so, please detail: |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please indicate your availability (in normal circumstances) by ticking to indicate yes:** | | | | | | | |
| **DAY** | **MON** | **TUE** | **WED** | **THU** | **FRI** | **SAT** | **SUN** |
| **Morning**  00:00 to 12:00 |  |  |  |  |  |  |  |
| **Afternoon**  12:01 to 18:00 |  |  |  |  |  |  |  |
| **Evening**  18:01 to 23:59 |  |  |  |  |  |  |  |

**My Supporting Information**

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| --- |
| In this section, we ask you to tell us about your skills and experience in relation to various Personal Qualities and Attributes (PQAs) that are required as a Firefighter. You may draw on any of your experiences to answer the questions: from home life, leisure activities, work (paid or unpaid) voluntary work or education. |
| 1.Please describe a situation where you have interacted with people who are different from you in terms of background, age or gender.  What was the situation, what role did you play and what happened as a result?  2.Please describe a situation where you have had to work closely with others as part of a team.  What was the situation, what role did you play and what happened as a result?  3.Please describe a situation where you have taken steps to improve your skills and / or learn new things.  What was the situation, what role did you play and what happened as a result?  4.Please describe a situation where you have had to remain calm and controlled in a stressful situation.  What was the situation, what role did you play and what happened as a result?  5.Please describe a situation where you have had to work on your own in accordance with guidelines.  What was the situation, what role did you play and what happened as a result?  6.Please describe a situation where you have had to change the way you do something following a change imposed by someone in authority.  What was the situation, what role did you play and what happened as a result? |

**My History** - Please detail your history (employment and/or academic), covering the last 5 years as a minimum.

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| **Dates**  **(DD/MM/YYYY)** | | **Name of**  **employer/ education** | **Job Title and brief description** | **Reason for Leaving** |
|
| **End** |  |  |  |  |
| **Start** |  |
| **End** |  |  |  |  |
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**Gap/s in My History** – if there are any gaps over 6 months within your history above, please provide an additional referee to cover that period.

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| **Dates**  **(DD/MM/YYYY)** | | **Explanation for the gap** |
|
| **End** |  |  |
| **Start** |  |
| **End** |  |  |
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| **Start** |  |

**My Education** – starting with the most recent first

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| --- | --- | --- | --- |
| **Institution** | **Qualification** | **Subject** | **Grade or Level** |
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**My Professional Memberships** – ie NMC, HCPC, ACCA, CABE, CIFA, IStructE etc.

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| --- | --- | --- | --- |
| **Professional Body** | **Level** | **Number** | **Expiry Date** |
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| **Do you have a level 2 qualification in Maths and English and can evidence it?** | Yes |  | No |  |

**Rights to work**

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| --- | --- | --- | --- | --- |
| **Are you currently eligible to work in the UK?** | Yes |  | No |  |
| If yes, are there any conditions attached? |  | | | |
| If no, what type of permit do you require? |  | | | |

**Canvassing** -councilors, school governors or senior employees of Suffolk County Council

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| **Are you related to any of the above?** If yes, please detail | | Yes |  | No |  |
| **Name** | **Relationship** | **Directorate** | | | |
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**Criminal Convictions** -

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| *A Disclosure and Barring Service (DBS) check will be required, as the job involves supervising, caring for or otherwise connected with children, young people or vulnerable adults.   In view of this, you must declare any convictions, cautions and/or bind-overs for criminal offences, even where they are "protected" as defined by the Rehabilitation of Offenders Act 1974, subsequent regulations and as amended by SI 2013 1198; also detailing any reprimands or final warnings that you may have received.*  Please provide details or state ‘none’ if appropriate. |
|  |

**LGA (Local Government Association) Transferable Service** -if this may apply, please state:

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| --- | --- |
| Organisation name |  |
| Date (DD/MM/YYYY) from which the service commences |  |

**My declaration of Understanding**

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| **As a Firefigher I would be prepared to:** | | | | |
| work at height? | **Yes** |  | **No** |  |
| work in enclosed spaces? | **Yes** |  | **No** |  |
| work outdoors? | **Yes** |  | **No** |  |
| work in wet conditions | **Yes** |  | **No** |  |
| get hot or cold whilst working? | **Yes** |  | **No** |  |
| carry heavy equipment? | **Yes** |  | **No** |  |
| work unsociable hours? | **Yes** |  | **No** |  |
| work in situations with blood, seriously injured or dead people? | **Yes** |  | **No** |  |
| deal sensitively with people in difficult situations? | **Yes** |  | **No** |  |
| talk to people in the community about fire safety? | **Yes** |  | **No** |  |
| commit to practice and actively promote the Council’s ASPIRE values? | **Yes** |  | **No** |  |
| commit to maintain your physical fitness? | **Yes** |  | **No** |  |
| be punctual, dependable and reliable? | **Yes** |  | **No** |  |
| represent your service even when you are not at work? | **Yes** |  | **No** |  |
| follow expectations regarding appearance including hair length and facial hair? | **Yes** |  | **No** |  |
| work in a disciplined environment and take instructions from other people? | **Yes** |  | **No** |  |
| *If you have indicated no to any of the questions, then we strongly suggest you think about whether being an firefighter is right for you.* | | | | |

**My Fitness and Medical Declaration**

Being a firefighter is challenging, so before you respond to the below questions, you need to take on board the physical requirements of the role.

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| **Regarding your current activity, so you:** | | | | |
| take part in aerobic exercise or sport lasting more than 30 minutes more than twice per week? | **Yes** |  | **No** |  |
| perform toning or strength exercises more than twice per week? | **Yes** |  | **No** |  |
| **Do you have any illness or injury (new or old) that might affect your ability to do the following activities:** | | | | |
| sitting or standing? | **Yes** |  | **No** |  |
| walking and running? | **Yes** |  | **No** |  |
| climbing ladders or stairs? | **Yes** |  | **No** |  |
| manual dexterity or grip? | **Yes** |  | **No** |  |
| Lifting, carrying, bending and kneeling? | **Yes** |  | **No** |  |

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| **Have you ever experienced any of the following:** | | | | |
| episodes of chest pain or breathlessness? | **Yes** |  | **No** |  |
| collapse at rest or when exercising? | **Yes** |  | **No** |  |
| Anxiety about working in confined spaces or at height? | **Yes** |  | **No** |  |
| psychological difficulties (eg concentration, judgment, memory or motivation)? | **Yes** |  | **No** |  |
| wearing glasses or contact lenses or a visual impairment? | **Yes** |  | **No** |  |
| difficulties with communication (eg speech and hearing)? | **Yes** |  | **No** |  |

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| **Finally are you:** | | | | |
| at increased risk of cardiac event (eg heart disease, high cholesterol, obesity, high blood pressure, a family history of a serious heart condition in a male relative before the age of 55 or a female relative before the age of 65)? | **Yes** |  | **No** |  |
| at risk of an unexpected acute incapacitation event (eg asthma, diabetes or epilepsy)? | **Yes** |  | **No** |  |
| aware of any other medical condition, disease or disability which could affect your ability to carry out the physical tests? | **Yes** |  | **No** |  |
| *If we are concerned about your fitness, then you may be asked to have a health assessment in confidence by the Fire and Rescue Service’s occupational health adviser before you carry out any physical tests as part of the selection process.* | | | | |

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| **Print name / Sign** | **Date (DD/MM/YYYY)** |
|  |  |

**Equality and diversity monitoring data**

*The data is only used for statistical purposes and not used as part of the selection process.*

|  |  |  |
| --- | --- | --- |
| Date of Birth (DD/MM/YYYY) |  | |
| Age |  | years old |

|  |  |  |
| --- | --- | --- |
| **Gender** | Female |  |
| Male |  |
| Transgender |  |
| Prefer not to disclose |  |
| Is your gender different to that assigned to you at birth? | |  |

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| **Marital Status** | Single |  |
| Married |  |
| Civil Partnership |  |
| Widowed |  |
| Divorced |  |
| Separated |  |
| Dissolved/ Annulled |  |
| Prefer not to disclose |  |

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| **Sexual Orientation**  SCC is recognized as one of the best inclusive working environments for lesbian, gay and bisexual employees.  2014-star-performer-black (3).jpgstonewall diversitychamps logo black2015.01.15 stw-top-100-2015-colour.jpgstonewall diversitychamps logo white | Bisexual |  |
| Gay Man |  |
| Gay Woman/ Lesbian |  |
| Heterosexual/ Straight |  |
| No Sexuality |  |
| Prefer not to disclose |  |
| If other, then please detail: | |
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| **Religion or Belief** | Agnostic |  |
| Atheist |  |
| Bahai |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Humanism |  |
| Jain |  |
| Jewish |  |
| Muslim |  |
| No religion |  |
| Pagan |  |
| Rastafarian |  |
| Scientologist |  |
| Shinto |  |
| Sikh |  |
| Zoroastrian |  |
| Prefer not to disclose |  |
| If other, then please detail: | |
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| --- | --- | --- |
| **Nationality** | African |  |
| Any other Asian Background |  |
| Any other Black, African or Caribbean background |  |
| Any other ethnic group |  |
| Any other Mixed or multiple ethnic background |  |
| Arab |  |
| Bangladeshi |  |
| Caribbean |  |
| Chinese |  |
| English, Welsh, Scottish, Northern Irish or British |  |
| Gypsy or Irish Traveller |  |
| Indian |  |
| Pakistani |  |
| White and Asian |  |
| White and Black African |  |
| White and Black Caribbean |  |
| Prefer not to disclose |  |