

EMPLOYERS CONSENT

FORM FOR ON-CALL

APPLICANTS



Applicant Name

Manager's Contact Information

Name	
Job Title	
Phone Number	
Email	

Company's Details

Name	
Address	
Phone Number	
Email	

Agreement

- ☐ As the employer of the above applicant, I give consent for them to undertake duties as an on-call firefighter with Suffolk Fire and Rescue Service.
- ☐ If they intend to respond during working hours, I understand this may require them to leave work at short notice to attend emergency incidents.
- ☐ Even if they do not respond during working hours, I acknowledge that their role may occasionally impact their availability—for example, arriving late if returning from an early morning incident.
- ☐ We recognise the value this role brings to both the community and our workplace, and will support their commitment where operationally feasible.

Employer's Signature & Date

Once complete please return the form to Suffolk Fire and Rescue Service Recruitment Team - sfrs.recruitment@suffolk.gov.uk. We can also answer any questions you have regarding this.