



Gwasanaeth Tân ac Achub
Canolbarth a Gorllewin Cymru

Mid and West Wales
Fire and Rescue Service

CONFIDENTIAL

Please read this form
carefully before
completing it in type or
dark ink

Application Ref No:
(Office Use only)

JOB APPLICATION FORM WHOLETIME INTER-SERVICE TRANSFER

Please complete all sections of the form using black ink or type.

The outside pages of this application (which contain all your personal details and the equality monitoring information) will be detached and retained in HR. The equality monitoring information will then be separated from your personal details.

Please complete all pages using Arial 12.

Section 1 Personal and Contact Details

First Name(s):	Last Name:
Station/Department:	Work Telephone:
	Mobile:
FRS Workplace Address:	Correspondence Address (if different):
Postcode:	Postcode:
Work Email:	Private Email:

Section 2 Self Declaration of Eligibility

Current Rank: _____

Please consider the following questions and indicate 'Yes' or 'No' as appropriate in the check boxes regarding your eligibility to apply.

Question 1

Have you achieved competence in your role?

Yes ☐ No ☐

Question 2

Are you currently deemed operationally fit?

Yes ☐ No ☐

Question 3

Have you had less than 6 day's sickness absence in the last 12 months?

Yes ☐ No ☐

***** Please attach your sickness record for the last 3 years to your completed application form.***

Question 4

Is your personal record free from live misconduct/disciplinary sanctions?

Yes ☐ No ☐

***** Please attach your discipline record for the last 2 years to your completed application form.***

Question 5

Are you currently under formal investigation that may result in a disciplinary process or sanction?

Yes ☐ No ☐

A 'No' response to questions 1, 2, 3 or 4 or a 'Yes' response to question 5 will not automatically preclude you from participating, but your application may be subject to further review prior to the conclusion of the selection process.

If you believe you have extenuating circumstances in respect of your responses to the above questions which you wish to be taken into account, please complete the box below.

Rationale

Section 3

Qualifications, Relevant Job History and Training

Qualifications		
Educational/vocational qualifications	Dates of education	Grade (if applicable)

Relevant Job History		
Role	Employer	Dates of employment

Relevant Training		
Title	Date	Pass/Fail (if applicable)

Section 4

Skills

Please indicate which of the following skills you have attained:

Core Skills	Yes / No	Date Achieved
Emergency Response Driving	Yes <input type="checkbox"/> No <input type="checkbox"/>	
ICA	Yes <input type="checkbox"/> No <input type="checkbox"/>	
ATACC / IEC / Trauma First Aid	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Specialist Skills	Yes / No	Date Achieved
HP/TL Instructor	Yes <input type="checkbox"/> No <input type="checkbox"/>	
HP/TL Operator Driver	Yes <input type="checkbox"/> No <input type="checkbox"/>	
HP/TL Cage Operator	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Boat Operator	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Swift Water Rescue Technician	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Water Wading	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Animal Rescue AR1	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Animal Rescue AR2	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Animal Rescue AR3	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hook Lift Instructor	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hook Lift Operator	Yes <input type="checkbox"/> No <input type="checkbox"/>	
High Volume Pump Operator	Yes <input type="checkbox"/> No <input type="checkbox"/>	
High Volume Pump Instructor	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Technical Rope Rescue	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please list any additional skills that may support your application		

Section 5

Preferences – Location & Duty Systems

Please indicate if you have any preference in respect of location(s)

I would prefer to work at a location within:

I have no preference ☐

Southern Division ☐ Yes ☐ No

Western Division ☐ Yes ☐ No

Northern Division ☐ Yes ☐ No

Departments:

Operational Response ☐ Yes ☐ No

Business Fire Safety ☐ Yes ☐ No

Community Fire Safety ☐ Yes ☐ No

Training Delivery ☐ Yes ☐ No

People & Organisational Development ☐ Yes ☐ No

Please indicate which duty system(s) you would be willing to work on

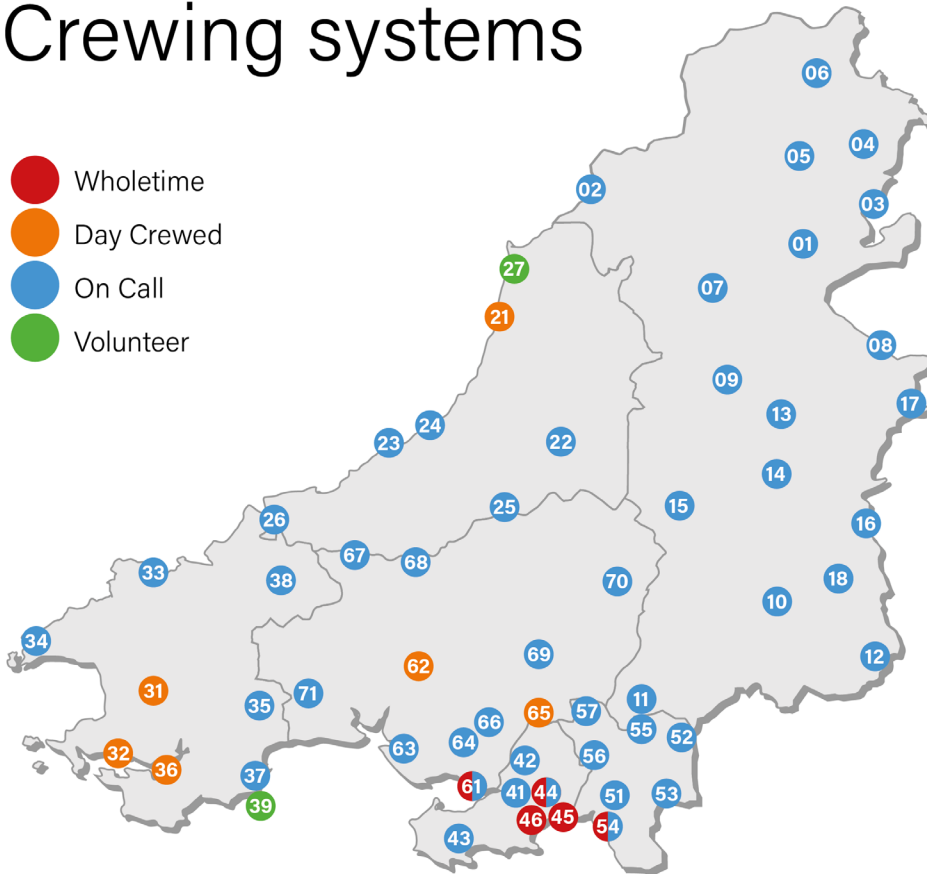
I would be willing to work on the following duty system(s)

224 ☐ Yes ☐ No

Flexible Day Crewed ☐ Yes ☐ No

I have no preference ☐ Yes ☐ No

Crewing systems



POWYS

- 01 Newtown
- 02 Machynlleth
- 03 Montgomery
- 04 Welshpool
- 05 Llanfair Caereinion
- 06 Llanfyllin
- 07 Llanidloes
- 08 Knighton
- 09 Rhayader
- 10 Brecon
- 11 Abercraf
- 12 Crickhowell
- 13 Llandrindod Wells
- 14 Builth Wells
- 15 Llanwrtyd Wells
- 16 Hay on Wye
- 17 Presteigne
- 18 Talgarth

SWANSEA

- 41 Gorseinon
- 42 Pontardulais
- 43 Reynoldston
- 44 Morriston
- 45 Swansea Central
- 46 Swansea West

NEATH PORT TALBOT

- 51 Neath
- 52 Glynneath
- 53 Cymmer
- 54 Port Talbot
- 55 Seven Sisters
- 56 Pontardawe
- 57 Amman Valley

CARMARTHENSHIRE

- 61 Llanelli
- 62 Carmarthen
- 63 Kidwelly
- 64 Pontyates
- 65 Ammanford
- 66 Tumble
- 67 Newcastle Emlyn
- 68 Llandysul
- 69 Llandeilo
- 70 Llandovery
- 71 Whitland

CEREDIGION

- 21 Aberystwyth
- 22 Tregaron
- 23 New Quay
- 24 Aberaeron
- 25 Lampeter
- 26 Cardigan
- 27 Borth

PEMBROKESHIRE

- 31 Haverfordwest
- 32 Milford Haven
- 33 Fishguard
- 34 St Davids
- 35 Narberth
- 36 Pembroke Dock
- 37 Tenby
- 38 Crymch
- 39 Caldy

Section 6

Declaration of Offences

You are required to declare any convictions for offences that are not spent under the Rehabilitation of Offenders Act 1974. Include offences dealt with by a court of law, HM Services disciplinary procedures and any driving offences. This will be checked before any offer of employment is made.

Do you have any criminal convictions, which are not yet spent under the Rehabilitation of Offenders Act 1974?

Yes ☐ No ☐

Offence:

Date of Conviction: / /

Judgement and sentence:

Give details of any charges pending:

Section 7

References

Please provide two references – one of the references must be your current employer			
Name: Title: Company Name: Address: Postcode: Telephone Number: E-mail Address:		Name: Title: Company Name: Address: Postcode: Telephone Number: E-mail Address:	
Relationship to referee:		Relationship to referee:	
Tick if you do not wish this person to be contacted prior to interview	<input type="checkbox"/>	Tick if you do not wish this person to be contacted prior to interview	<input type="checkbox"/>
NB: If there is any delay in receiving references this could hold up the progression of your application.			
Notice Period in current primary role:			