



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"/>	
<b>Please list any additional skills that may support your application</b>		

## 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

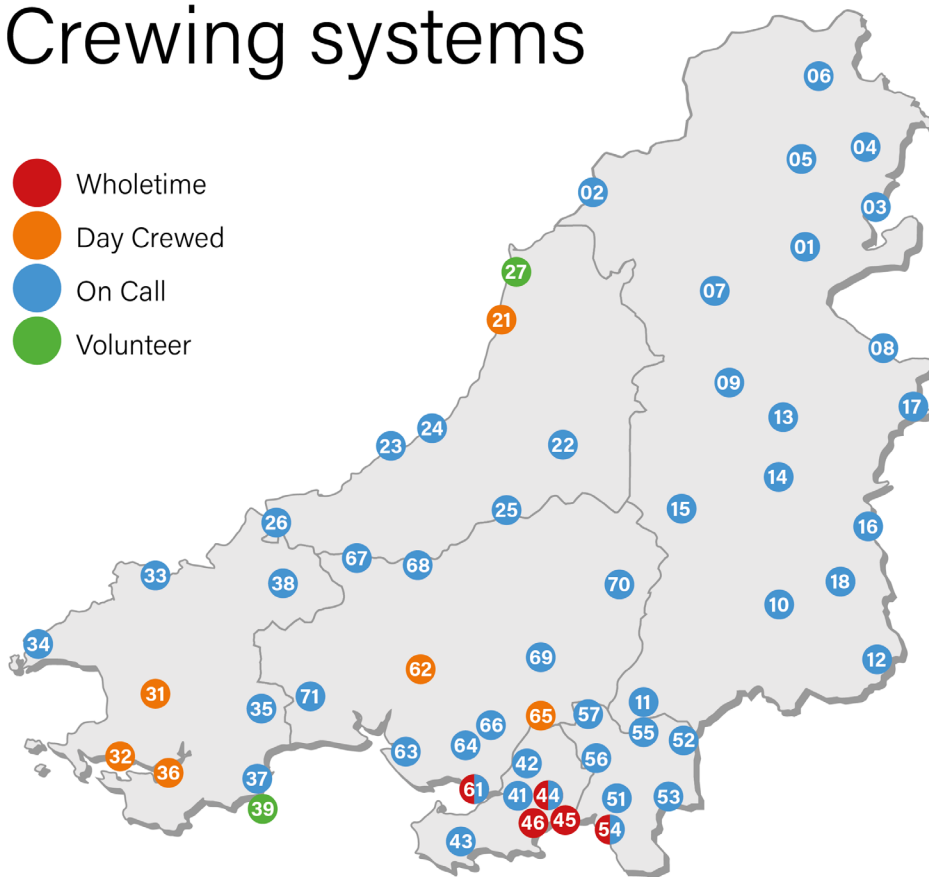
I would be willing to work on the following duty system(s)

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: <b>E-mail Address:</b>		Name: Title: Company Name: Address: Postcode: Telephone Number: <b>E-mail Address:</b>	
<b>Relationship to referee:</b>		<b>Relationship to referee:</b>	
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"/>
<b>NB: If there is any delay in receiving references this could hold up the progression of your application.</b>			
<b>Notice Period in current primary role:</b>			

## Section 8



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## EQUAL OPPORTUNITIES EMPLOYMENT POLICY

Mid and West Wales Fire and Rescue Service is committed to ensuring equal opportunities in the Fire Service regardless of age, gender, religion, sexual orientation, marital status, ethnic origin and disability and promotes a policy of full equality of opportunity for employment and advancement in accordance with all relevant legislation. In order to monitor the effectiveness of our policies it is necessary to know about the people who apply to join the service, we would therefore be grateful if you would complete the questionnaire below. Please be assured that the information you supply will be treated in strictest confidence and will be used for statistical purposes only and will not be available to Officers during the selection/screening process. This information will be used only for statistical record purposes and will not be made available outside the Human Resources Department.

### PERSONAL DETAILS please complete in capitals

Family Name:

Forenames:

Title: Dr/Mr/Mrs/Miss/Ms/Other:

Post applied for:

Ref:

Where did you see this position advertised?:

### DATE OF BIRTH AND GENDER

Date of Birth:

Gender please specify:

If you wish, you may disclose information about yourself in this section about your:

Religion:

Sexual orientation: ☐ Heterosexual ☐ Bisexual ☐ Lesbian ☐ Gay ☐ Prefer not to state

## PARTNERSHIP STATUS

☐ Single   ☐ Married   ☐ Separated   ☐ Divorced   ☐ Civil Partnership   ☐ Prefer not to state

## ETHNIC ORIGIN (for statistical purpose only)

<b>White</b> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other white background* *Please specify	<b>Mixed</b> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background* *Please specify	<b>Blac or Black British</b> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background* *Please specify
<b>Asian or Asian British</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian background* *Please specify	<b>Chinese or Other Ethnic Group</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Other Ethnic Group* *Please specify	

## DISABILITY

Disability: We use the following definition of disability 'A physical or mental impairment which has a long-term adverse effect on your ability to carry out normal day-to-day activities.'  
We guarantee to interview disabled people who meet all of the essential criteria for the post.

Do you consider yourself to be a disabled person? ☐ Yes   ☐ No

If yes, is there any support or assistance that you would need at a job interview? Please indicate here, or contact the Human Resources Department

## Section 9

### Declaration

**I declare that:**

- The information given in this application and supporting forms are true and correct.

**I understand that**

- False or misleading information given may disqualify my application or render any contract of employment liable to termination without notice.

**I confirm that I have completed this application form and that to the best of my knowledge the information I have provided in it is true, accurate and correct.**

Signed:

Date:

*Please note: Approaching any elected councillor or employee of the Mid and West Wales Fire Authority directly or indirectly to promote this application or providing false/misleading information in this form shall disqualify you from appointment or if appointed may render you liable to disciplinary action, which could lead to your dismissal.*

***Please note it is the responsibility of the applicant to plan accordingly and ensure that the form is submitted on time with all of the necessary management endorsement sections completed. Incomplete applications will not be considered within the selection process.***