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# Expression of Interest External Transfer



## CONFIDENTIAL

Please complete this form in full.

### Personal Details (please complete this section in BLOCK CAPITALS)

Surname:	Home Tel No:
First Name(s):	Mobile Tel No:
Address:	Email:
	National Ins No:
Post Code:	
Have you a current driving licence? <b>Yes / No</b> If <b>yes</b> , type and class of licence?	

### Current Fire & Rescue Service

Name of Fire & Rescue Service	Date appointed	Position/Rank(s) held

### Previous Fire & Rescue Service

Name of Fire & Rescue Service	Date appointed	Position/Rank(s) held

**Additional/Specialist Skills (ie Rope Rescue/Water Rescue)**

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**Competencies & Relevant Training**

Competency/Qualification/Training	Date of training	Date of expiry (if applicable)

**Disciplinary/Performance Issues**

Please detail below any outstanding Disciplinary/Performance Issues

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## Sickness Records

Please detail below any periods of sickness over the last 12 months

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## Occupational Health Medical Records

**Date of last OH Medical Assessment**

**Details of Occupational Health Provider**

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## HR and L&D Contact details

Please provide details of a contact from your current Fire & Rescue Service's HR department and L&D department

**Name of Contact**

**Email address**

**Contact Number**

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## References

Please provide details of two referees below.

- One referee must be your present employer (others should preferably be previous employers).

### Referee 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Referee 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

References will be called for when you receive an offer of employment, please tick the box to the right if you **wish to be asked** before we contact your present employer.

## Disability & Reasonable Adjustments

The Equality Act defines a person as having a disability if he or she has a “physical or mental impairment which has a substantial long-term adverse effect on their ability to carry out their normal day-to-day activities”. If you consider you have a disability and can demonstrate you meet the essential requirements for this post, we will offer you an interview. If this applies to you, please contact Human Resources on 0117 9262061.

Also, if have any specific requirements or require reasonable adjustments to be made throughout our selection process, please contact Human Resources on the above number to ensure appropriate arrangements are made for you.

## Criminal Convictions

Do you have any criminal convictions which are not spent under the Rehabilitation of Offenders Act 1974? (Please include any offences dealt with by a Court of Law or by HM Services Disciplinary Procedures, and any driving offences in the last 5 years.) **Yes / No**

If **yes**, please give details below:

Date	Offence	Judgement (ie sentence and fine)

Do you have any charges pending? **Yes No** If **yes**, please give details:

\_\_\_\_\_

\_\_\_\_\_

**Notes:**

1. False or misleading information on this form will disqualify you from appointment or if appointed will render you liable to dismissal without notice.
2. Please ensure your application is received in Human Resources
3. Appointees who are not currently employed by Avon Fire & Rescue Service may be subject to a probationary period of service.
4. Evidence of medical fitness, satisfactory references, proof of qualifications and eligibility to work within the UK will be required on appointment.
5. Information about what personal data the Service will collect, hold and use as part of its recruitment process , please click on this link; <https://www.avonfire.gov.uk/privacy/recruitment-and-selection>.

**DECLARATION:** I certify that the details in this application are correct.

**Signature of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_