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Confidential

Retained Recruitment Enquiry

Thank you for your interest in Avon Fire & Rescue Service. To assess your suitability for the role of firefighter on the retained duty system, please complete and return this form to the address overleaf. The information you provide will confirm your contact details, your home and work addresses, your occupation, and the level of commitment you are able to offer us (the cover you can provide). **Please do not leave any section blank** or your form may have to be returned to you. We will acknowledge receipt of your form in writing. If any of the information you provide changes following submission you must notify us so that we can amend your details.

It is a requirement of the role that you are able to respond to your local retained fire station within five minutes, therefore you need to live and/or work close enough to do so. If you do, we will hold your details on file until your station is recruiting. At that time, if you are offering the level of cover the station is looking for, you will be contacted again and sent an application pack. It is therefore important that you are as detailed as possible when completing the 'Cover' section overleaf as this information will be vital in deciding to bring you forward for assessment.

Please also complete and return the Recruitment Monitoring Form, Certificate of Employer and Driving Questionnaire (see Note 1). Personal data given on this or any application will be stored confidentially on computer for purposes registered by the Fire Authority under Data Protection Legislation. Information about the recruitment selection process can be found on our website.

Personal Details (please complete this section in BLOCK CAPITALS)

Surname: _____	Title: Mr / Mrs / Miss / Ms / Other _____
First Name: _____	Home Tel No: _____
Address: _____	Work Tel No: _____
_____	Mobile Tel No: _____
Post Code: _____	National Insurance No: _____

Employment Details (If self-employed or unemployed, please also give details)

Occupation (see note 2): _____

Employer's/Company Name & Address (inc postcode): _____

Tel: _____

Will your employer allow you to leave work and go to incidents? (see note 3) Yes / No

Cover

(a) Which station are you applying for?

(b) What is the travel distance from **home** to Station? In miles: In minutes:

(c) What is the travel distance from **work** to Station? In miles: In minutes:

(d) What cover you are able to provide? **Full Cover** 24 hours a day, 7 days a week
 Part Cover days / nights / shifts

Please indicate below the days of the week you would be available to respond to your station and at what times; also indicate if you are responding from work or home.

Day	Time available		Time not available		From home or work?
	Days	Night	Day	Night	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

If you work a shift pattern, please detail your shifts here:

Health

Do you have any concerns regarding pre-existing medicals conditions? Yes / No

If you have answered 'yes' and you would like to discuss any impact it may have on your ability to be an operational Firefighter, please contact the Recruitment & Resourcing Advisor on 0117 9262061.

If you have a disability or long-term health condition that you feel would require us to make reasonable adjustments during the recruitment process, please tell us here:

Other Information

So that we may monitor the effectiveness of our recruitment advertising, please tell us how you heard about the role of firefighter, where did you see this job advertised or hear about it? Please be as specific as you can.

Declaration

By signing this form I agree to my personal details being held and processed within the Data Protection Act.

Signed: _____

Date: _____

Notes:

- (1) All applicants must complete and return a Driving Questionnaire to confirm driving activity in their primary employment.
- (2) If you are employed (or self-employed) as a mobile worker or driver of an in-scope vehicle we will be unable to accept an application from you. Please see our website for further information and the definition of 'mobile worker' and 'in-scope vehicle'.
- (3) If you are providing cover from your place of work your employer will be required to complete a Certificate of Employer form.

Please return the following completed forms:

- Recruitment Enquiry Form
- Monitoring Form
- Certificate of Employer
- Driving Questionnaire

to: Recruitment Team
Avon Fire & Rescue Service Headquarters
Temple Back
Bristol BS1 6EU

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