

CONFIDENTIAL



APPLICATION FORM PART 1

Please read the guidance notes before completing this form.

POST APPLIED FOR:

CLOSING DATE:

Please complete clearly in BLOCK CAPITALS using black ink or word process. If you wish to include a Curriculum Vitae, please refer to the guidance notes.

PERSONAL INFORMATION

APPLICANT DETAILS

Title: Mr/Mrs/Miss/Ms/Other (Delete as appropriate)	Address:
Family Name:	
First Names:	
Previous Family Names: (Please list all previous family names)	Postcode:
	Home phone:
National Insurance No.:	Work phone:
E-mail:	Mobile phone:

RESIDENCY

Have you lived in the UK for the past 3 years? ☐ YES ☐ NO

Please 'X' the appropriate box: Internal applicant ☐ External applicant ☐

INTERNAL APPLICANTS

If you are applying for a secondment or are in your probationary period, it is important to ensure your BCU/OCU HR Dept is aware of this application.

HR Manager Name:

Signature:

Date:

I support this application / I do not support this application (Delete as appropriate)

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VACANCY

How did you learn of this vacancy?

INTERVIEW DATES

Please indicate dates (during the next 2 months) when you will be UNABLE to attend an interview:

JOB SHAREWould you consider this post on a job share basis? ☐ YES ☐ NO
(If the post has been advertised as suitable, please 'X' the appropriate answer)Are you applying for this post on a job share basis? ☐ YES ☐ NO

If "YES" please specify below:

- I am applying without a partner
 - I am applying with a partner whose name is.....
- (Delete as appropriate)

BUSINESS INTERESTSDo you have a business interest to declare?
☐ YES ☐ NO (See the guidance notes for more details)

If "YES" please give details:

CANVASSINGAre you related to any member of the Police Authority or the holder of any office under the Police Authority? ☐ YES ☐ NO

If "YES" please give details:

POLITICALLY RESTRICTED POSTSDo you fall within the criteria regarding Politically Restricted Posts?
☐ YES ☐ NO (See the guidance notes for more details)

If "YES" please give details:

WORK PERMITDo you require a work permit for employment in this country? ☐ YES ☐ NOIf "YES", do you have a current permit? ☐ YES ☐ NO

If you have a current permit, please indicate the expiry date:

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MEMBERSHIP OF UNACCEPTABLE ORGANISATIONS

National policy prohibits police officers and staff from being members of organisations whose constitution, aims, objectives or pronouncements contradict our general duty to promote race equality.

Have you had any involvement with, for example, the British National Party, Combat 18, National Front or any other organisation as described above? ☐ YES ☐ NO

If 'Yes' please give details below:

Tattoos

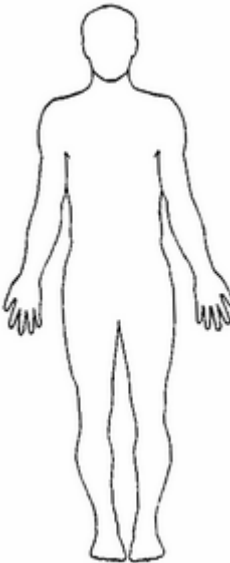
Do you have any tattoos on your body? ☐ YES ☐ NO
(See chart below)

If YES, describe them (size, colour, etc.) and indicate their location on the table or figures below. If symbolic please explain their meanings:

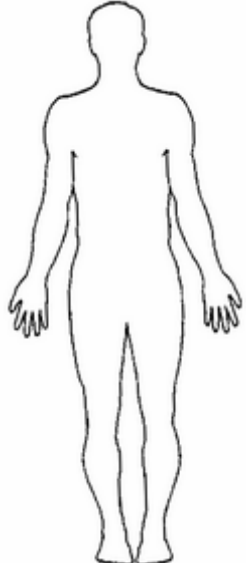
	Left	Right	Front	Back
Head/Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Torso	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please 'X' as appropriate:

Front



Back



SICKNESS

How many days sickness have you taken during the past 3 years?

How many occurrences of sickness have you had during the past 3 years?

NOTE: When references are sought from your current and last employer they will be asked to verify your number of days sickness and number of occurrences.

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REFERENCES

Please supply a referee from your current and previous employer. If you are unable to provide employment referees, please supply details of at least one referee from an educational capacity and a personal referee. References will only be taken up if you are provisionally offered the post.

Name:

Position:

Address:

Postcode:

Telephone No:

E mail (optional):

Relationship to you (e.g. Line manager, colleague):

Name:

Position:

Address:

Postcode:

Telephone No:

E mail (optional):

Relationship to you (e.g. Line manager, colleague):

DECLARATION

I declare that the information I have provided on this entire application (Part 1, Part 2 and accompanying documents) is true and complete to the best of my knowledge and belief and that no relevant information has been withheld.

I undertake to notify any material changes or additions in the information I have provided on this form.

I understand that if I have knowingly made a false statement or deliberate omission in the information I have provided in this form, I may be disqualified from access to police premises, systems or information and employment.

In the event that Thames Valley Police should offer me a provisional offer of employment I give my consent to my referees being contacted.

Signature

Date

NOTE: If you send this application electronically, it will be deemed that you have agreed to the above declaration. Where a false statement is knowingly made to obtain employment the contract may be terminated and the employee dismissed.

The Chief Constable retains the right to reject any application for reasons that may or may not be disclosed.

We would like to take this opportunity to thank you for your interest in the advertised post. Please return your completed application to the relevant postal or e-mail address.

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DIVERSITY MONITORING FORM

POST APPLIED FOR:

Thames Valley Police is committed to equality of opportunity for all staff regardless of age, disability, gender, race, religion/belief or sexual orientation.

We are actively seeking to: employ a workforce which reflects the communities in which we serve; ensure that our methods of selection are fair and that they are based solely on merit, objective job related criteria and ability to do the job.

The intention of monitoring is to identify if there are different success rates, which will allow us to take action to ensure that no group is treated unfairly. Monitoring also forms part of our duties, as a public sector employer, set out in the Disability Discrimination Act 2005, Sexual Discrimination Act 1975 (Amended) and Race Relations Act 1976 (Amendment 2000). Although not a duty, we are also seeking to monitor sexual orientation and religion and belief to help us comply with The Employment Equality (Religion or Belief) Regulations 2003 and The Employment Equality (Sexual Orientation) Regulations 2003.

The information provided on this part of the application form will not be seen by the short listing & interview panels; it will be detached & held separately for monitoring purposes by the HR Department.

This information is required to process your application

AGE

Age:

Date of birth:

Place of birth:

Nationality:

DISABILITY

Do you consider yourself to have a disability under the Disability Discrimination Act 1995 (DDA)?

☐ YES ☐ NO ☐ I do not wish to disclose

Under the Disability Discrimination Act 1995 a disability is defined as a physical or mental condition which has a substantial and long-term adverse affect on that person's ability to carry out normal day-to-day activities e.g. mobility, manual dexterity, physical co-ordination, ability, ability to lift everyday objects, speech, hearing or eyesight, memory or ability to concentrate, learn or understand, understanding the risk of physical danger

Please tell us about any help or assistance you may need if you are invited to attend an interview or testing:

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GENDER

- ☐ Female ☐ Male
- ☐ I do not wish to disclose

I consider my ETHNIC ORIGIN to be:

Asian or Asian British

- Bangladeshi ☐
- Indian ☐
- Pakistani ☐
- Any other Asian background ☐

Mixed

- White Asian ☐
- White and Black African ☐
- White and Black Caribbean ☐

Black or Black British

- African ☐
- Caribbean ☐
- Any other Black Background ☐

White

- British ☐
- Irish ☐
- Any other White Background ☐

Chinese

- Any other mixed ☐

Other Ethnic Group

- I do not wish to disclose ☐

RELIGION OR BELIEF

Please indicate your religion or belief

- | | | |
|------------------------------------|---------------------------------|--|
| Buddhist <input type="checkbox"/> | Muslim <input type="checkbox"/> | I do not wish to disclose <input type="checkbox"/> |
| Christian <input type="checkbox"/> | Sikh <input type="checkbox"/> | |
| Hindu <input type="checkbox"/> | None <input type="checkbox"/> | |
| Jewish <input type="checkbox"/> | Other <input type="checkbox"/> | |

SEXUAL ORIENTATION

Please select the option which best describes your sexuality

- | | | |
|-----------------------------------|---------------------------------------|--|
| Bisexual <input type="checkbox"/> | Heterosexual <input type="checkbox"/> | I do not wish to disclose <input type="checkbox"/> |
| Gay <input type="checkbox"/> | Lesbian <input type="checkbox"/> | |

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APPLICATION FORM PART 2

POST APPLIED FOR:

CLOSING DATE:

The information provided here is the ONLY information used in short listing.

EDUCATIONAL QUALIFICATIONS (See below for professional qualifications)

Educational Qualification	Subject	Grade

RELEVANT TRAINING Please indicate any relevant training you have received.

Course Title	Date of Course

PROFESSIONAL MEMBERSHIP AND QUALIFICATIONS

Please indicate any valid professional membership and qualifications you hold:

Name of Professional body	Membership Type	Date became a Member	Membership No.

Professional Qualification	Issuing Body	Date of Qualification

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VOLUNTARY WORK

Please indicate knowledge and experience that you have gained through either unpaid or voluntary work:

DRIVING LICENCE PARTICULARS

NOTE: Certain posts require the holder to possess a current and appropriate driving licence.

Do you have the use of a car? ☐ YES ☐ NO

Do you have a current valid driving licence? ☐ YES ☐ NO

Classes of Vehicle:

PRESENT AND PREVIOUS EMPLOYMENT

Please give details of all present and previous employment, paid or unpaid, during the last ten years starting with the most recent. Please account for any gaps in employment.

Name and Full Postal Address of Present or Most Recent Employer:

Date From:

To:

Grade:

Full/Part Time or hours worked:

Salary:

Notice Period:

Reason for leaving/
wishing to leave:

Work Phone No:

Job Title and Details of Main Duties and Responsibilities:

Name and Full Postal Address of Employer:

Date From:

To:

Job Title and Details of Main Duties and Responsibilities:

Reason for Leaving:

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Name and Full Postal Address of Employer:	Date From: To:
Job Title and Details of Main Duties and Responsibilities:	Reason for Leaving:
Name and Full Postal Address of Employer:	Date From: To:
Job Title and Details of Main Duties and Responsibilities:	Reason for Leaving:

WHY YOU ARE APPLYING FOR THIS POST

Please give your reasons for applying and provide a statement about why you consider your skills, knowledge and experience are relevant to this post, referring to the role profile and role specification. You may wish to mention experience gained at work or in a voluntary capacity, details of any education or training undertaken, or any other interests you may feel are relevant to your application.

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