

ISLE OF WIGHT FIRE AND RESCUE SERVICE



CONFIDENTIAL

Retained Recruitment Enquiry

Thank you for your interest in the Isle of Wight Fire and Rescue Service and the role of Firefighter on the Retained Duty System (RDS). To express an interest in the role please complete this form and return it to Admin Assistant (RDS Recruitment), Service Learning and Development Centre, Nicholson Road, Ryde, Isle of Wight, PO33 1BE. The information you provide will enable us to make an initial assessment of your suitability for the role based on; your distance from the station, the cover you can provide e.g. when you can respond to the station and other important criteria that must be met before we ask you to complete a full application. You will be contacted in writing regarding the outcome of your initial assessment.

Please note:

- It is a requirement of the role that you are able to respond to your local RDS station within six minutes. If driving, this must be done at normal road speeds. Therefore, you need to live and/or work close enough to the fire station to do so.
- It is important that you are as detailed as possible when completing the 'cover' section of this form as this information is vital when deciding to bring you forward for selection.
- Information about the role and the recruitment and selection process can be found on our website www.iwight.com/fire
- You should not leave any section of this form blank or we may return it to you. If the information you provide changes you must notify us so that we can amend our records.

If you have any questions about the role or this form, please contact the Workforce Planning Manager on 817021.

The Isle of Wight Fire and Rescue Service is an equal opportunities employer and we encourage diversity in every aspect of our work. Enquiries are welcome from all sections of the community.

This council and its schools are committed to safeguarding and promoting the welfare of children and young people and expect all staff and volunteers to share in this commitment.

Personal Details:

Surname: Home Tel No:

First Name: Work Tel No:

Address: Mobile Tel No:

National Insurance No:

Post Code:

Email Address:

Which Station are you applying for?

Distance:

What is the travel distance from home to Station?

In miles:

In minutes:

What is the travel distance from work to Station?

In miles:

In minutes:

Cover (Availability):

What level of cover are you able to provide?
(Please tick either full or part cover)

Full Cover (average 120 hours a week)

Part Cover (average 84 hours a week)

Please confirm below the level of cover you will be able to provide. You must indicate the days of the week you will be available to respond to your station and at what times on each day. State your daily hours of availability using the 24 hour clock in column (a) and then the total of these hours in column (b). Do the same for the hours you will not be available in columns (c) and (d). Please also tell us in column (e) if you will be responding from home or your place of work. You may give us details of any shift pattern you work at the bottom of this page.

Example:

(a)

(b)

(c)

(d)

(e)

Day	Hours available to respond to station	Total hours available	Hours not available to respond to station	Total hours not available	Responding from home or work
Monday	0500 to 1900	14	1900-0500	10	work

Your Cover:

Day	Hours available to respond to station	Total hours available	Hours not available to respond to station	Total hours not available	Responding from home or work
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total Hours					

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

Employment Details:

Employed Self-Employed Unemployed

Occupation/Job Title: -----

Main Duties: -----

Employer/Company Name and Address (including post code): -----

Tel: -----

Your Place of work (if different from the above): -----

Tel: -----

Will your employer allow you to leave work to attend incidents? Yes No

Declaration:

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

Signed: ----- **Date:** -----

Confirmation of Release from your Primary Employer:

If you are offering to respond to your station from your place of work during working hours **your employer** is required to complete and sign this section confirming that they will release you in the event of an emergency. Please tick here if this is not applicable.

Statement of Employer:

I am aware that the employee named on this application has applied for the position of Retained Firefighter and can confirm that the above employment information is correct. If appointed, I have no objection to the applicant responding to fire calls or any other incidents during working hours, although I make no undertaking that they will be released on every occasion.

Signed: _____ **Date:** _____

Print Name: _____

Position in Company: _____

Relationship to Applicant: _____

Isle of Wight Council Equality Monitoring Form

The Isle of Wight Council want to make sure that we are an equal opportunities employer in practice, which is why we want to monitor the diversity of people applying to work with us.

This form does not form part of the selection process and is separated from your application form whilst consideration of candidates takes place. Information provided will be treated as confidential and doesn't form part of the selection process

Post Title:	Post Ref No:
Department:	National Insurance Number:
Last Name:	First name:
What age group do you belong to?	
<input type="checkbox"/> <25 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+	

Do you consider that you have a disability?		
Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	
Sex (Gender)		
Male	<input type="checkbox"/>	
Female	<input type="checkbox"/>	
3. How would you describe your ethnic origin?		
1	White British	<input type="checkbox"/>
2	Irish	<input type="checkbox"/>
3	Any other White background (please specify)	<input type="checkbox"/>
4	White and Black Caribbean	<input type="checkbox"/>
5	White and Black African	<input type="checkbox"/>
6	White and Asian	<input type="checkbox"/>
7	Any other Mixed Race background (please specify)	<input type="checkbox"/>
8	Asian British	<input type="checkbox"/>
9	Indian	<input type="checkbox"/>
10	Pakistani	<input type="checkbox"/>
11	Bangladeshi	<input type="checkbox"/>
12	Any other Asian background (please specify)	<input type="checkbox"/>
13	Black British	<input type="checkbox"/>
14	Black Caribbean	<input type="checkbox"/>
15	Black African	<input type="checkbox"/>

To enable us to monitor the effectiveness of our advertising, please tell us how you heard about the role of Retained Firefighter. Where did you see the role advertised?

Notes:

1. Completing an Equality Monitoring Form will assist us in monitoring the composition of our workforce and the response to our job advertisements. The information you provide will be used for monitoring purposes only and will be treated as confidential.
2. The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment that has a substantial and long term adverse effect on their ability to carry out day to day activities.
3. Under the Rehabilitation of Offenders Act 1974 you are obliged to declare any unspent convictions or criminal proceedings pending as these may bar you from working as a Firefighter. This will be checked before a formal offer of employment is made. If you are unsure if a conviction is spent you may contact the Workforce Planning Manager on 817021. Complex queries may be directed to an appropriate organisation such as the Probation Service, Nacro, local Police etc.
4. Personal data given on this form will be stored confidentially and in compliance with the Data Protection Act 1998.