[OFFICIAL]

**Application Form**

Data Protection Act, 1998

Personal data supplied may be held on or verified by computer

|  |  |
| --- | --- |
| Post applied for: | UK Based IPP Coordinator - Inspector |
| Location of post: | London |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Personal Details | | | |
| Full Name: |  | | |
| Rank & Collar No: |  | Length of Service: |  |
| Current Post: |  | Station/Dept: |  |
| Salary: |  | Vetting Level: |  |
| Private Tel No: |  | Business Tel No: |  |
| Email Address: |  | | |
| Private Address: |  | | |

|  |
| --- |
| 1. Dates to avoid – please note any dates for the next 2 months |
|  |

**The boxes on the application form can be expanded. It is recommended that no more than half a page per competency is used and that evidence is typed in Ariel font size 10 unless there are specific instructions to the contrary.**

|  |
| --- |
| 1. Further education or qualifications gained since joining the Police Service |
| Please attach to your application a copy of your relevant HR (Oracle) printout and detail any additional information or amendments to this records. |
|  |

|  |
| --- |
| 1. Training & Development |
| Please attach to your application a copy of your relevant HR (Oracle) printout and detail any additional information or amendments to this records. |
|  |

|  |
| --- |
| 1. Posting |
| Previous posts in Police Service |
|  |
| 1. Additional Information |
| Please use this section to enter any additional information that you consider to be relevant to your application. |
|  |

|  |
| --- |
| 1. Competencies supported by evidence |
| The following competencies have been identified as being necessary for effective performance for this role. Please refer to the performance framework for the post you are applying for and complete competency evidence for those competencies only.  The boxes on the application form can be expanded. It is recommended that no more than half a page per competency is used and that evidence is typed in Ariel font size 10 unless there are specific instructions to the contrary. |

|  |
| --- |
| Operational Effectiveness - **Delivers quality outcomes to meet local priorities.** |
|  |

|  |
| --- |
| Operational Effectiveness - **Manages risk to safety and confidence through informed and reliable judgement.** |
|  |

|  |
| --- |
| Organisational Influence - **Provides strong leadership** |
|  |

|  |
| --- |
| Organisational Influence - **Develops effective communications and working relationships** |
|  |

|  |
| --- |
| Resource Management - **Manages the right resources to enable effective working** |
|  |

|  |
| --- |
| Resource Management - **Ensures efficient working.** |
|  |

|  |
| --- |
| **Declaration**  I declare that all the statements I have made in this application are true to the best of my knowledge and belief, and that I have not withheld any relevant information. I understand that if I have made any false statements of omitted any information I am liable to have my application rejected.  Signed (Applicant):      Date: |

|  |
| --- |
| 1. Observations and Comments by Immediate Supervisor on the evidence provided |
| Comment should be made in conjunction with the information provided in Section 6 as to the suitability of the applicant |
| Signed:       Date: |

|  |
| --- |
| 1. Recommendation (to be completed by a member of your Force ACPO Command Team) |
| Comment should be made in conjunction with the information provided in Section 7 as to the suitability of the applicant \*This section MUST be completed. |
| Signed:       Date: |
| Where the applicant has **not** been recommended, the reason(s) **must** be justified and explained on this page. The applicant should be informed of the decision and countersigned in Section 9, commenting if necessary. |

|  |
| --- |
| 1. Applicant’s Comments (to be completed by applicant if not recommended) |
| I have seen and noted the comments and \*do  / do not  wish to comment as below  (\*indicate which is applicable) |
| Signed:       Date: |

|  |
| --- |
| 1. Human Resources (Any additional information as required) |
| HR Unit Details:  Contact Name:  Address:  Phone Number:  Email Address:  \*Must be filled in  Signed (HR Lead):       Date: |

**Recruitment Monitoring Questionnaire**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age** | Under 20 | 20-24 | 25-29 | | 30-34 | 35-39 | 40-44 | 45-49 | | | 50-54 | 55-59 | 60-64 | 65+ | |
|  |  |  |  | |  |  |  |  | | |  |  |  |  | |
| Gender | | | | Male | | | | |  | Female | | | | |  | |
|  | | | | Trans man | | | | |  | Trans Woman | | | | |  | |
|  | | | |  | | | | |  |  | | | | |  | |
| **Marital Status** | | | | Single | | | | |  | Co-habiting | | | | |  | |
|  | | | | Married | | | | |  |  | | | | |  | |
|  | | | |  | | | | |  |  | | | | |  | |
| **How would you describe your ethnic group?** | | | | | | | | |  |  | | | | |  | |
|  | | | |  | | | | |  |  | | | | |  | |
| White | | | | White British | | | | |  | White Irish | | | | |  | |
|  | | | | Any other white background | | | | |  |  | | | | |  | |
|  | | | |  | | | | |  |  | | | | |  | |
| Black/Black British | | | | African | | | | |  | Caribbean | | | | |  | |
|  | | | | Any other background | | | | |  |  | | | | |  | |
|  | | | |  | | | | |  |  | | | | |  | |
| Asian/Asian British | | | | Indian | | | | |  | Pakistani | | | | |  | |
|  | | | | Bangladeshi | | | | |  | Any other Asian background | | | | |  | |
|  | | | |  | | | | |  |  | | | | |  | |
| Mixed | | | | White & Asian | | | | |  | White & Black African | | | | |  | |
|  | | | | Any other mixed background | | | | |  | White and Black Caribbean | | | | |  | |
|  | | | |  | | | | |  |  | | | | |  | |
| Chinese | | | | Chinese | | | | |  |  | | | | |  | |
|  | | | |  | | | | |  |  | | | | |  | |
| Any Other Ethnic Group, Please Specify……………………………… | | | | | | | | |  |  | | | | |  | |
|  | | | |  | | | | |  |  | | | | |  | |
| Faith/ Religion | | | | Sikh | | | | |  | Buddhist | | | | |  | |
|  | | | | Christian | | | | |  | Muslim | | | | |  | |
|  | | | | Hindu | | | | |  | Jewish | | | | |  | |
|  | | | | None | | | | |  | Decline to answer | | | | |  | |
|  | | | |  | | | | |  | Other please specify………… | | | | |  | |
|  | | | |  | | | | |  |  | | | | |  | |
| Sexual orientation | | | | Lesbian | | | | |  | Bisexual | | | | |  | |
|  | | | | Heterosexual woman | | | | |  | Gay man | | | | |  | |
|  | | | | Heterosexual man | | | | |  | Decline to answer | | | | |  | |
|  | | | | Other please specify.…………… | | | | |  |  | | | | |  | |
|  | | | |  | | | | |  |  | | | | |  | |
| Do you consider yourself to have a disability? | | | | Yes | | | | |  | No | | | | |  | |
| Do you meet the Disability Discrimination Act definition of disability? | | | | Yes | | | | |  | No | | | | |  | |

Preferred method of contact:

Letter  Telephone  Textphone  Email