



**COUNTER  
TERRORISM  
POLICING**

[OFFICIAL]

**Application Form**

Data Protection Act, 1998

Personal data supplied may be held on or verified by computer

Post applied for:	UK Based IPP Advisor – Band P
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:			

2. 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.**

3. 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.

4. 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.

5. Posting
Previous posts in Police Service

6. Additional Information
Please use this section to enter any additional information that you consider to be relevant to your application.

#### 7. 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 objectives

#### Operational Effectiveness - Manages work through informed and reliable judgement

Organisational Influence - Acts with Professionalism

Organisational Influence - Develops effective communications and working relationships

Resource Management - Manages own time and relevant resources efficiently and effectively

Please leave blank

**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 or omitted any information I am liable to have my application rejected.

Signed (Applicant):

Date:

8. 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:

Signed:

Signed:

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.

10. 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:

11. 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+	
<b>Gender</b>	Male					<input type="checkbox"/>	Female					<input type="checkbox"/>
	Trans man					<input type="checkbox"/>	Trans Woman					<input type="checkbox"/>
<b>Marital Status</b>	Single					<input type="checkbox"/>	Co-habiting					<input type="checkbox"/>
	Married					<input type="checkbox"/>						<input type="checkbox"/>
<b>How would you describe your ethnic group?</b>												
White	White British					<input type="checkbox"/>	White Irish					<input type="checkbox"/>
	Any other white background					<input type="checkbox"/>						
Black/Black British	African					<input type="checkbox"/>	Caribbean					<input type="checkbox"/>
	Any other background					<input type="checkbox"/>						
Asian/Asian British	Indian					<input type="checkbox"/>	Pakistani					<input type="checkbox"/>
	Bangladeshi					<input type="checkbox"/>	Any other Asian background					<input type="checkbox"/>
Mixed	White & Asian					<input type="checkbox"/>	White & Black African					<input type="checkbox"/>
	Any other mixed background					<input type="checkbox"/>	White and Black Caribbean					<input type="checkbox"/>
Chinese	Chinese					<input type="checkbox"/>						
Any Other Ethnic Group, Please Specify.....												
<b>Faith/ Religion</b>	Sikh					<input type="checkbox"/>	Buddhist					<input type="checkbox"/>
	Christian					<input type="checkbox"/>	Muslim					<input type="checkbox"/>
	Hindu					<input type="checkbox"/>	Jewish					<input type="checkbox"/>
	None					<input type="checkbox"/>	Decline to answer					<input type="checkbox"/>
						<input type="checkbox"/>	Other please specify.....					<input type="checkbox"/>
<b>Sexual orientation</b>	Lesbian					<input type="checkbox"/>	Bisexual					<input type="checkbox"/>
	Heterosexual woman					<input type="checkbox"/>	Gay man					<input type="checkbox"/>
	Heterosexual man					<input type="checkbox"/>	Decline to answer					<input type="checkbox"/>
	Other please specify.....					<input type="checkbox"/>						

**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 ☐