



[OFFICIAL]

**National Co-ordinator PROTECT and PREPARE
Chief Superintendent**

**Notes for Guidance on the Completion of the
Application Form**

Part 1 – Applicant

Applicants are strongly encouraged to discuss their intention to apply for a role with their reporting officer, prior to commencing any application process.

Evidence must be provided for each of the drivers and any other criteria outlined in the advertisement, within the appropriate boxes on the application form. Applicants should refer to the Performance Framework (MPF) guidance detailed within the job description to assist in this process. The boxes on the application form cannot be expanded. No more than half to two thirds of a page per driver should be used and evidence should be typed in Ariel font size 12 unless there are specific instructions to the contrary. The applicant must then endorse the Applicant's Declaration section before forwarding the application to the current reporting officer.

The applicant **MUST** attach an electronic copy of their 3 Year Sickness Report to the application. All documentation must be attached to an email as per instructions on advert and sent to NCTPHQ HR Unit recruitment.nctphq@met.pnn.police.uk

Part 2 – Force/Agency Approval/ Countersigning Officer

The Countersigning Officer is required to comment as appropriate on whether the applicant has demonstrated the potential to perform in this role. They will also provide final approval regarding the applicant's application, including confirmation that the local Force/ Agency support the application being forwarded to NCTPHQ.

Part 3- Declaration/ Diversity Monitoring Questionnaire

Applicants are required to complete both a Declaration Form and Diversity Monitoring Questionnaire.

You are advised to refer to your Police Force/ Agencies Guidance Notes for External Attachments before you complete this form.

Should you have any specific needs to be taken into account during the selection process, please contact recruitment.nctphq@met.police.uk

PART 1 – APPLICANT - PLEASE ENSURE YOU HAVE READ THE NOTES FOR GUIDANCE BEFORE COMPLETING THIS FORM.

Role applied for:	Chief Superintendent – National Co-ordinator PROTECT and PREPARE
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Surname:		Title:
Forename(s):		
DOB & place of Birth:		
Current Role:		
Work Address:		Tel.No:
		Mobile:
Date of selection to current Rank:	E-mail:	
Name of Police Force/ Agency:		
Completed years of approved service:		
Substantive Rank:		
Are you qualified for promotion to a higher rank?	Please select	
Attendance date for Command Course:		
What is your current level of security clearance?		
Where did you see this vacancy		
If selected for interview, please list dates to avoid for the next 2 months.		

Evidence of a proven background in CT policing.

Operational Effectiveness - Delivers quality outcomes to meet organisational priorities

PLEASE USE APPROXIMATELY HALF TO TWO-THIRDS OF A PAGE PER DRIVER

Operational Effectiveness - Manages risk to safety and confidence through informed and reliable judgment

PLEASE USE APPROXIMATELY HALF TO TWO-THIRDS OF A PAGE PER DRIVER

Organisational Influence - Provides strong leadership

PLEASE USE APPROXIMATELY HALF TO TWO-THIRDS OF A PAGE PER DRIVER

Organisational Influence - Develops effective strategic relationships

PLEASE USE APPROXIMATELY HALF TO TWO-THIRDS OF A PAGE PER DRIVER

Resource Management - Manages the right resources to enable effective working.

PLEASE USE APPROXIMATELY HALF TO TWO-THIRDS OF A PAGE PER DRIVER

Resource Management - Manages and reviews resources to drive efficient practices

PLEASE USE APPROXIMATELY HALF TO TWO-THIRDS OF A PAGE PER DRIVER

Membership of Professional Institution	Year of Admission	Mode of Admission (By election or examination)	Level achieved	Details of courses

Details of service (Please enter in chronological order)		
Grade/ Rank/Title	Nature of Duties	Dates

Please provide details of sickness history for the last 3 years with dates and duration and highlight any sickness issues which we may need to be aware of.	

PART 2 – FORCE/AGENCY APPROVAL/ COUNTERSIGNING OFFICER- PLEASE ENSURE YOU HAVE READ THE CANDIDATE INFORMATION PACK BEFORE COMPLETING THIS FORM.

Force Approval

Name of approving manager and Position:

Grade/ Rank

Telephone Number and email contact details:

Managers are requested to give observations and recommendations on the suitability of the applicant for the post in terms of performance as well as attendance. Confirmation must also be included that the Police Force/ Agency support the application being forwarded to National CT Policing HQ.

Countersigning Manager's Selection Declaration

Yes No

- 1. I Confirm I support a secondment of 2 years.**
- 2. I confirm that there are NO performance, discipline or integrity issues that should prevent this application from proceeding**
- 3. I confirm that the candidate will be promoted substantively to ACC/Commander if not already substantive.**

Signed:

Date:

Name:

Position:

Rank/Band:

PART 3 – APPLICANT- DECLARATION/ DIVERSITY MONITORING QUESTIONNAIRE

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 no relevant information has been withheld. I understand that:

- I must inform the recruitment office immediately of any change in my circumstances.
- Criminal conviction checks will be undertaken in relation to myself and my family members and I have informed them of this.
- Financial checks will be undertaken to verify my financial status and that all such information will be treated in confidence. I consent to these checks being made.
- Any offer of appointment will be subject to satisfactory references and vetting and continued good conduct
- A member of the Police Service who has deliberately made any false statement or omitted information in connection with his or her appointment may subsequently be liable to misconduct proceedings and may be liable for prosecution on the basis that they have gained a pecuniary advantage by failing to disclose information relevant to their application.
- The information I have provided may be held on manual filing or computer systems as part of the recruitment process. I understand this information may be shared with other police forces.
- I must not be or have ever been a member of the British National Party or similar organisation whose aims, objectives or pronouncements may contradict the duty to promote race equality.
- The Commissioner / NCTPHQ retain the right to reject any application without giving reasons.

Signature of applicant

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+
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Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
	Trans man	<input type="checkbox"/>	Trans Woman	<input type="checkbox"/>

Marital Status	Single	<input type="checkbox"/>	Co-habiting	<input type="checkbox"/>
	Married	<input type="checkbox"/>		<input type="checkbox"/>

How would you describe your ethnic group?

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"/>
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Any Other Ethnic Group, Please Specify.....

Faith/ Religion	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"/>
			Other please specify.....	<input type="checkbox"/>

Sexual orientation	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