



# COUNTER TERRORISM POLICING

[OFFICIAL]

## Application Form

Data Protection Act, 1998

Personal data supplied may be held on or verified by computer

Post applied for:	Overseas 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:			

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 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 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:

9. 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.

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

<b>Age</b>	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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<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"/>

**How would you describe your ethnic group?**

<b>White</b>	White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
	Any other white background	<input type="checkbox"/>		

<b>Black/Black British</b>	African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
	Any other background	<input type="checkbox"/>		

<b>Asian/Asian British</b>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>

<b>Mixed</b>	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"/>

<b>Chinese</b>	Chinese	<input type="checkbox"/>
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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"/>
			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"/>		

<b>Do you consider yourself to have a disability?</b>	Yes	No
<b>Do you meet the Disability Discrimination Act definition of disability?</b>	Yes	No

Preferred method of contact:

Letter  Telephone  Textphone  Email