**PLEASE SEND TO**

[Recruitmentfire@cumbria.gov.uk](mailto:Recruitmentfire@cumbria.gov.uk)

**Supporting information for**

**On-Call Application**



**CUMBRIA FIRE AND RESCUE SERVICE**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Which fire station are you applying to?  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Introduction**

Thank you for expressing an interest in applying to Cumbria Fire and Rescue Service. Making an application will require quite a lot of time and effort from you. Before starting the application please complete the pre-application checklist below. This will help you decide whether you are eligible to apply.

**Pre-application Checklist**

Before completing this application form please take a moment to answer the questions in this box. Please use the notes at the bottom of this page to help you in responding to each of these questions.AA

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| Are you over 17 years and nine months of age? (see Note 1) | Yes |  | No |  |  |
|  |  |  |  |  |  |
| Do you have any kind of colour blindness? (see Note 2) | Yes |  | No |  |  |
|  |  |  |  |  |  |
| Do you have any kind of hearing impairment? (see Note 2) | Yes |  | No |  |  |
|  |  |  |  |  |  |
| Do you have any disability that reduces your ability to grip, hold or lift | Yes |  | No |  |  |
| objects, or to lift or lower yourself? (see Note 2) |  |  |  |  |  |
|  |  |  |  |  |  |
| Have you ever suffered from dizziness, fainting, blackouts or fits? | Yes |  | No |  |  |
| (see Note 2) |  |  |  |  |  |
|  |  |  |  |  |  |
| Do you commit to practice and actively promote the Fire & Rescue | Yes |  | No |  |  |
| Service Core Values? |  |  |  |  |  |

If you have ticked any of the grey boxes and still wish to proceed with your application, you are advised that the information you provide will be checked and as such contribute to our decision as to whether to take your application further.

|  |
| --- |
| **Notes**  Note 1. It is a requirement to be aged 18 years or over at commencement of training. You may apply to be a Firefighter if you are aged between 17 years 9 months and 18 years old as long as you are 18 years old once you commence training.  Note 2. Fire and Rescue Authorities are required to assess each applicant on an individual basis with regard to their suitability to perform the role of a Firefighter, in accordance with the Equality Act 2010. This means that Fire and Rescue Authorities will consider what reasonable adjustments could be made to enable you to proceed with your application provided any such adjustments do not contravene Health and Safety legislation. Health & Safety legislation places the obligation on Fire and Rescue Authorities to ensure that individuals are safe at work for their own protection and that of others. (In the context of the Fire and Rescue Service "others" includes colleagues and members of the public). |

**CUMBRIA FIRE AND RESCUE SERVICE**

**PRIOR TO EMPLOYMENT**

**EMPLOYER’S CONSENT FORM**

Name of Employer: ………………………………………………………………………….

Company Name: …………………………………………………………………………….

Address: ………………………………………………………………………………………

…………………………………………………………………………………………………

Telephone number: …………………………………………………………………………

I certify that ………………………………………………………………………… is

employed by me and that if he/she were to be appointed as an On-call Firefighter I would have no objections to him/her being available for fire cover whilst undertaking his/her duties in their main employment. I understand that on occasions this may interfere with his/her full-time employment.

Signed ……………………………………………………………………….

Name ……………………………………………………………………….

(BLOCK CAPITALS)

Job Title ……………………………………………………………………….

**OR**

I certify that ……………………………………………………………………………………… is

employed by me and I am aware that he/she has applied to be an On-call Firefighter during periods when he/she **is not working** in his/her main employment. However, I understand that on occasions this may interfere with his/her main employment if responding to incidents outside of their normal working hours.

Signed ……………………………………………………………………….

Name ……………………………………………………………………….

(BLOCK CAPITALS)

Job Title ……………………………………………………………………….

Form 124c

**CUMBRIA FIRE & RESCUE SERVICE - ON-CALL FIREFIGHTER AVAILABILITY FORM 124a**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name:** ………………………………. S**tation you are applying to: …………………………**  **Week One** | | | | | | | | |  | **Are you currently a: Classified Radiation worker Licensed Asbestos worker**  **(Please tick box)**  **Week Two** | | | | | | | |
|  | 0:00 | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |  | 0:00 | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
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**Please shade in the boxes to illustrate the pattern of work you can commit to and return with your application form. Use 'Week One' if you have the same availability each week. Use the extra**

**weeks if your availability changes, for example due to changing shift patterns. The information you provide in relation to the pattern of work will be discussed with you if you are selected for interview.**

**NUMBER OF HOURS AVAILABLE PER WEEK 1: …… WEEK 2: …… Signature: …………………………….. Date: ……………**

If you need guidance on filling this form in please refer to ‘3 – Guidance on how to complete Form 124 availability’ under ‘Application form and supporting information’ on <https://cumbria.gov.uk/cumbriafire/workforcfrs/oncallfirefighters/default.asp>.

Alternatively, contact your on-call support manager. PLEASE SEND TO [**Recruimtmentfire@cumbria.gov.uk**](mailto:Recruimtmentfire@cumbria.gov.uk)

**CUMBRIA FIRE & RESCUE SERVICE - ON-CALL FIREFIGHTER AVAILABILITY FORM 124a**

**Name:…………………………………………………………………………...** **Station you are applying to:………………………………………………………………………….**

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|  |  |  |  | **Week Three** | | |  |  |  |  |  |  | **Week Four** | | |  |  |
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|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |

**Please shade the boxes for when you would be available for duty.**

**NUMBER OF HOURS AVAILABLE PER WEEK 1: …… WEEK 2: …… WEEK 3: …… WEEK 4: …… Signature: …………………………….. Date: ……………**

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Alternatively, contact your on-call support manager. Alternatively, contact your on-call support manager. PLEASE SEND TO [**Recruimtmentfire@cumbria.gov.uk**](mailto:Recruimtmentfire@cumbria.gov.uk)

**PLEASE REMEMBER**

* Failure to provide accurate and complete information may result in your application being rejected. YOU NEED TO EMAILTHIS DOUCMENT TO

[recruitmentfire@cumbria.gov.uk](mailto:recruitmentfire@cumbria.gov.uk)

* Read through your completed Supporting Information for On-call application to ensure you have not missed anything out and that it is clearly and accurately presented. The decision to invite you to the next stage will be based on the information you give us on this form.
* If, after reading through the recruitment material, you have any remaining questions, please feel free to contact Annie McInerney on 07790 578 272 or email [recruitmentfire@cumbria.gov.uk](mailto:recruitmentfire@cumbria.gov.uk)
* **If your circumstances change at any point during the recruitment process, please advise us as soon as possible**