[OFFICIAL]

**Secondment Application Form**

Data Protection Act, 1998

Personal data supplied may be held on or verified by computer

**Please note – this application form is for national applicants only. MPS Officers/Staff must apply for this role via the internal vacancies page.**

|  |  |
| --- | --- |
| **Post applied for:** | **CTSFO National Training Manager** |
| **Location:** | CTPNE |

|  |  |
| --- | --- |
| 1. **Personal Details** | |
| Full Name: | Click or tap here to enter text. |
| Rank/Band/Grade: | Insp |
| Current Post: | Click or tap here to enter text. |
| Vetting Level: | SC |
| Vetting Expiry: | Click or tap to enter a date. |
| Home Force/Home Organisation: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Contact Telephone No: | Click or tap here to enter text. |

|  |
| --- |
| 1. **Dates to avoid – please note any dates for the next 2 months** |
| Click or tap here to enter text. |

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. **Training and Development – this should include any further education or qualifications** |
| Click or tap here to enter text. |

|  |
| --- |
| 1. **Previous career history – details of positions held over the last 5 years** |
| Click or tap here to enter text. |

|  |
| --- |
| 1. **Additional Information – any information that you consider to be relevant to your application** |
| Click or tap here to enter text. |

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

|  |
| --- |
| **6.a. Cluster/Competency/Level**   * We take ownership – Level 2 |
| Click or tap here to enter text. |

|  |
| --- |
| **6.b. Cluster/Competency/Level**   * We are collaborative – Level 2 |
| Click or tap here to enter text. |

|  |
| --- |
| **6.c. Cluster/Competency/Level**   * We deliver, support and inspire – Level 2 |
| Click or tap here to enter text. |

|  |
| --- |
| **6.d. Value**  **Integrity** |
| Click or tap here to enter text. |
|  |
|  |

|  |  |
| --- | --- |
| **6.e. Value**  **Professionalism** | |
| Click or tap here to enter text. | |
| 1. **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: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |

|  |  |
| --- | --- |
| 1. **Observations and Comments - by Immediate Supervisor on evidence provided** | |
| Click or tap here to enter text. | |
| Signed: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |

|  |  |
| --- | --- |
| 1. **Recommendation – by member of ACPO Command Team or Head of Department** | |
| Click or tap here to enter text. | |
| Signed: | Click or tap here to enter text. |
| Date: | Click or tap to enter a 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** | |
| Click or tap here to enter text. | |
| Signed: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |

|  |  |
| --- | --- |
| 1. **Human Resources – must be completed** | |
| Full Name: | Click or tap here to enter text. |
| Role Title: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Contact Telephone number: | Click or tap here to enter text. |
| Signed: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |