

APPLICATION FORM

When completing this form, please provide evidence that demonstrates your abilities against the role description and requirements.

The Data Protection (Bailiwick of Guernsey) Law, 2017

Personal data supplied may be held on or verified by computer

POLICE CONSTABLE - SECONDMENT RESPONSE TEAM OFFICER GUERNSEY

1. Personal Details	
Full Name (BLOCK LETTERS):	
Rank & Collar No:	Length of Service:
Current Force / Post:	Station/Dept:
	Business Tel No:
Private Address:	Email Address:
	Private Tel No:

Provide details of required experience and training:			
Required Training	Yes / No	Date	
	1.05 / 110		
Officer Safety Training (date)			
First Aid (date)			
Emergency Response Driver (date and last refresher)			
Other details: (250 words maximum)			
•			
. Career History (250 words maximum)			
rief Career history - with summary of key roles and responsibilitie	PS:		

4. Personal Summary (500 words maximum)
In no more than 500 words please provide a summary of what you can offer, why you should be selected
and your policing experience / skills

5. Additional Information (250 words maximum)	
Please use this section to enter any additional information application:	that you consider to be relevant to your
Declaration	
I declare that all the statements I have made in this applicat and that I have not withheld any relevant information. I ur	
or omitted any information, I am liable to have my applicat	
Signed (Applicant):	Date:

6. Observations and Comments by Immediate Supervisor on the evidence p	provided
Comment should be made in conjunction with the information provided in Sec	ction 7 as to the suitability of
the applicant. (250 words maximum)	
Signed:	Date:

7. Recommendation (to be completed by a member	of your Force Chief Officer Team)
Comment should be made in conjunction with the infor	mation provided in Section 6 as to the suitability of
the applicant. (250 words maximum) *must be completed	
Signed:	Date:
Where the applicant has <u>not</u> been recommended, the real the applicant should be informed of the decision and cou	
8. Applicant's Comments (to be completed by applic	ant if not recommended)
I have seen and noted the comments and *do / do not applicable).	ot

9. Human Resources (Any additional information as required)		
Signed: HR Lead	Date:	
HR Unit Details:		
Contact Name:		
Address:		
Phone Number:		
Email Address:		
*Must be completed		