



# AVON AND SOMERSET CONSTABULARY

[www.avonandsomerset.police.uk](http://www.avonandsomerset.police.uk)

**Sue Longhurst, Human Resources Manager**

Trinity Road Police Station, Trinity Road, St Philips, Bristol, BS2 0NW  
Telephone 0117 9455882. Office Hours - Monday to Friday 8.30am to 5.00pm

Dear Applicant

Thank you for your interest in a Police Staff appointment with the Avon and Somerset Constabulary.

Would you kindly complete the enclosed application form, equal opportunities monitoring form and health questionnaire (please place the health questionnaire with your application but in a separate envelope addressed to the Force Medical Officer. Mark the health questionnaire with your name and the position for which you are applying) and return them by the date advertised to:

**Sue Longhurst, Human Resources Manager  
Trinity Road Police Station,  
Trinity Road,  
St Philips,  
Bristol, BS2 0NW**

Please ensure that the location of the post for which you are applying is clearly stated and full details of your qualifications and relevant experience are clearly illustrated. Candidates are shortlisted by matching information contained in the application form to job related criteria and consequently we are unable to make assumptions about your experience.

If you wish to apply for more than one post, please complete a separate application form for each vacancy, even if you wish to be considered for the same post in different locations. (A photocopy of the application form will be accepted).

**Vetting is part of the application process and for meaningful vetting enquiries to take place, an applicant is required to have been resident in the UK for the last three years.**

**We are unable to pay excess postage on items received, would you therefore please ensure the correct amount is paid, otherwise your application will not be accepted and will be returned to you.**

Due to the cost in acknowledging applications I regret that if you have not heard from us within 4 weeks from the closing date, your application has not been successful on this occasion.

If you have a disability, you may wish to let us know if there are any reasonable adjustments you would like us to make to assist you in your application. Please be assured that this information will be treated in the strictest confidence.

Yours faithfully

**Human Resources Manager**

A V O N   A N D   S O M E R S E T   C O N S T A B U L A R Y



# **POLICE STAFF APPLICATION FORM**

**(External)**

# Explanatory Notes

The information required in this application is to allow the Chief Constable of Avon and Somerset Constabulary to fulfil a statutory obligation to run an efficient and effective force. To meet this obligation, we must ensure that the staff with access to sensitive data are trustworthy and unlikely to breach confidences.

Any infringement of an individual's right to respect for private and family life – European Convention on Human Rights, Article 8, and discrimination, Article 14, will only be that which is necessary, and proportionate. The legitimate aims of such action will include the protection of the rights and freedoms of others, safeguarding the safety of the general public, the prevention of disorder and crime and in some cases National Security.

There will be full compliance with the principles of the Data Protection Act 1998.

The information provided in this application will be treated in the strictest of confidence and it will be assumed that you have informed all the persons named that they will form part of your vetting process.

## Guidance notes for completing External applicants forms

It is important that you use **BLACK INK**, using **CAPITAL LETTERS**.

Please read the questions carefully.

Answer all the questions in FULL. Failure to do so will cause delays.

Where the answer is not applicable enter N/A.

Where the answer is not known and cannot be found, enter N/K.

Should your answer require more space than is provided on the form, please use a separate sheet of A4, write the question number clearly at the top of the page, and attach it to the application.

This application pack is in two parts.

### Part One: Questions 1 to 18.

- These deal with the management and administration issues we require to process and evaluate your application.
- It is important to enter the details requested accurately and in full.

### Part Two: Questions 1 to 27.

- Required for the vetting processes to be conducted.
- The checks cannot be processed unless all the information requested is provided accurately, and in full.
- Please ensure you list continuous addresses for 5 years, not leaving any gaps in the dates you supply.
- Where the answers are not entered correctly, the form will be returned to you for correction. This will delay your application.
- Please read the declaration at Question 27 carefully before signing and dating your application.

# AVON AND SOMERSET CONSTABULARY POLICE STAFF EXTERNAL APPLICANTS FORM



Official Use Only NSPIS HR

Unique No .....

POST APPLIED FOR:

LOCATION:

REFERENCE NUMBER:

CLOSING DATE:

Note: Please complete using **BLACK** ink or type. Enclosed are guidance notes, please ensure you read these before completing this application form. Please use additional paper, as necessary, should your answers exceed the allocated space. Your CV should cover the competencies of the position applied for.

## Part 1.

### Q.1. APPLICANT DETAILS:

Title: Mr/Mrs/Miss/Ms/Other

Address:

Family name:

Forename(s):

Postcode:

Previous family name:

Home Telephone:

Date of Birth:

Work Telephone:

National Insurance Number:

Mobile:

E-Mail:

### Q.2. SICKNESS:

How many days sick off work have you taken during the past 2 years?

How many occasions of sickness have you had during the past 2 years?

### Q.3. WORK PERMIT:

Do you require a work permit for employment in this country? Yes ☐ No ☐If 'Yes', do you have a current permit? Yes ☐ No ☐

If you have a current permit, please indicate the expiry date?

### Q.4. DISABILITY:

Avon and Somerset Constabulary welcomes applications from all minority groups. This information is only requested in order that appropriate arrangements can be made if you are selected for interview. Avon and Somerset Constabulary will interview all applicants declaring a disability who meet the minimum essential short listing criteria for police staff vacancies and consider them on their abilities.

Do you have any physical or mental impairment, which has a substantial long-term adverse effect on your ability to carry out your normal day-to-day activities?

Disability Discrimination Act 1995.

Yes ☐ No ☐

Please indicate if you will require any assistance or reasonable adjustments if you are invited for testing and / or an interview, we will be pleased to discuss this with you.

**Q.5. INTERVIEW DATES:**

Please indicate dates when you will be UNABLE to attend an assessment or interview in the next 3 months.

**Q.6. JOB SHARE:**

Would you consider this post on a job share basis? Yes ☐ No ☐

Are you applying for this post on a job share basis? Yes ☐ No ☐

Official Use Only NSPIS HR

Unique No .....

**Applicant Data****Q.7. EDUCATION AND TRAINING:**

Please give details of any qualifications achieved, GCSE, O or A Levels or Equivalent. The Force reserves the right to examine / verify 'proof of qualification(s)' at any stage before OR after the application process and any false declarations may invalidate the application / offer of employment.

School Attended:

Subject	Level (GCSE, CSE, A Level etc)	Grade	Year

**Q.8. FURTHER EDUCATION:**

Please give details of colleges, polytechnics and/or universities attended specifying dates, qualifications and courses.

Date	College/University	Course	Qualification Achieved

**Q.9. PROFESSIONAL MEMBERSHIP:**

Please indicate any professional membership you hold

Name of Professional Body	Membership Type	Date of Membership	Membership Number

**Q.10. DRIVING LICENCE:**

Do you hold a current fully UK driving licence?

Yes ☐No ☐**Q.11. RELEVANT TRAINING:****(Please complete the top part of this section only if there is a set requirement for typing in the post for which you are applying. If you have any other relevant training please indicate below)**

Please indicate your current approximate typing speed in words per minute .....wpm

Please indicate your current shorthand/speedwriting ability in words per minute .....wpm

Do you have experience of the following? It should be noted that some / all of the below may not be required for the vacancy, for which you are applying. (Please indicate as appropriate and refer to the job description and competency details).

Fax Machines	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Photocopying:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mail Distribution	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Letter Composition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Figure work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Petty Cash/Monies:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Radio	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Basic Statistics:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Book Keeping:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Filing:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dealing with members of the public		Over the phone		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Voice and keyboard control systems		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Face to Face		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please indicate any other relevant training you have received

Course Title	Date of Course

**Q.12. PRESENT / MOST RECENT EMPLOYER:**

Name and Address of present or most recent employer:

Job Title:

Date Started:

Date Left (if not currently employed):

Notice Period (if currently employed)

Work Telephone No.:

Reason for leaving / wishing to leave?

Main duties and responsibilities of current or most recent role:

**Q.13. PREVIOUS EMPLOYMENT**

Please give details of all previous employment, paid or unpaid, starting with the most recent. Please account for any gaps in employment. Continue on a separate sheet of paper if necessary.

Name and Full postal address of employer:

Reason for Leaving:

Date from:

Date to:

Please give your Job Title and briefly describe your Main Duties and Responsibilities:

Name and Full postal address of employer:

Reason for Leaving:

Date from:

Date to:

Please give your Job Title and briefly describe your Main Duties and Responsibilities:

**Q.13. PREVIOUS EMPLOYMENT (continued)**

Name and Full postal address of employer:

Reason for Leaving:

Date from:

Date to:

Please give your Job Title and briefly describe your Main Duties and Responsibilities:

**Q.14. REFERENCES:**

Please supply the name, address and telephone number of two referees (one MUST be your present (or most recent) employer and the other where possible, a previous employer)

Name:

Name:

Position/Relationship:

Position/Relationship:

Address:

Address:

Postcode:

Postcode:

Telephone Number:

Telephone Number:

**Q.15. POLICE / MILITARY EXPERIENCE:**

Have you served with any Police Force as a Police Officer, Police Staff or Special Constable? Yes ☐ No ☐  
or with the Armed Forces? Yes ☐ No ☐ Please give details below.

Dates	Police Force / Military Unit



**Q.16. WHY ARE YOU APPLYING FOR THIS POST:**

Demonstrate how your experience matches each competency and skill set out on the job description and attached behavioural and technical skills. You may include any other information you wish to add in support of your application. This may include experience gained at work or in a voluntary capacity, details of any education or training undertaken or any other interests you may feel relevant to your application.

Please use a separate sheet of A4 paper if needed and attach to this application.

**Q.17. IDENTIFICATION:**

**Proof of your identity is required.** Please produce a form of written identity (eg. Passport, Birth Certificate, Driving Licence) for verification, plus two other documents showing your address, (Utility bill, eg, Electricity / Gas). Photocopies of the relevant pages must be sent with this application to prove the details given.

**DO NOT SEND THE ORIGINAL DOCUMENTS, only send copies as they will not be returned to you.**

Enclosed: Yes ☐ No ☐

Date: .....

## EQUAL OPPORTUNITIES

## Q.18.

The police service is an equal opportunities employer and is determined to ensure that:

- The workforce reflects the diverse society which it serves and that the working environment is free from any form of harassment, intimidation, bullying or victimisation.
- No job applicant or employee is treated more or less favourably on the grounds of gender, sexual orientation, age, marital status, race, colour, nationality, ethnic or national origins, disability, creed or religion.
- No job applicant or employee is disadvantaged by conditions or requirements which cannot be justified by the requirements of the job.

The information on this form is for monitoring purposes only and will not be made available to those assessing your application. The information supplied will be treated in the strictest confidence and will not affect your application in any way. Completion of this section is voluntary, but the information will help us ensure equality of opportunity. **This information forms no part of the application process. It will be detached from your form on receipt.**

<b>AGE:</b>		<b>SEXUAL ORIENTATION:</b>		<b>GENDER:</b>		<b>DISABILITY:</b>	
16-24	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Male	<input type="checkbox"/>	Yes	<input type="checkbox"/>
25-35	<input type="checkbox"/>	Gay/Lesbian	<input type="checkbox"/>	Female	<input type="checkbox"/>	No	<input type="checkbox"/>
36-45	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>				
46-55	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>				
56+	<input type="checkbox"/>						

## ETHNIC ORIGIN:

<b>White</b>		<b>Asian or Asian British</b>		<b>Chinese or other</b>	
British	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Any other (please specify)	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	.....	
		Any other Asian Background	<input type="checkbox"/>		
<b>Mixed</b>		<b>Black or Black British</b>			
White and Black Caribbean	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>		
White and Black African	<input type="checkbox"/>	African	<input type="checkbox"/>		
White and Asian	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>		
Any other Mixed background	<input type="checkbox"/>				

## RELIGIOUS BELIEF/FAITH:

Buddhist	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Christian (state denomination if you wish)	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
None	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>

.....

## VACANCY:

In order to monitor the effectiveness of our advertising please answer the following: How did you hear about the vacancy?

Friend / Relative	<input type="checkbox"/>
Job Centre / Employment Agency	<input type="checkbox"/>
Internet	<input type="checkbox"/>
Newspaper (please indicate publication)	<input type="checkbox"/>
Intranet	<input type="checkbox"/>
Other (please give details)	<input type="checkbox"/>

.....

1. The Avon and Somerset Constabulary has adopted a policy of Equal Opportunities for all its employees. Our aim is to ensure that we treat everyone fairly. We are developing a range of policies, practices and procedures, together with an extensive training package involving all our staff that will help us to achieve this objective.
2. A very important aspect of achieving success in eliminating discriminatory practices is an ability by management to monitor the effectiveness of our Equal Opportunities policies. There is no other effective way of knowing the nature and extent of any inequalities that may exist.
3. The Sex Discrimination Act 1975 prohibits discrimination on the grounds of gender or marital status. The Race Relations Act 1976 prohibits discrimination on the grounds of race and The Disability Discrimination Act 1995 prohibits discrimination on grounds of disability.
4. The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. People who have a disability and people who have a disability, but no longer have one are covered by the Act.
5. The collecting and analysing of data relating to these areas enables the Avon and Somerset Constabulary, as an employer, not only to pinpoint where action is needed, but also to see what effect that action taken has had.
6. To this end, it is our intention to obtain information on the marital status, sex, and disability and ethnic origin of ALL staff and job applicants, adding that data to the employee's personnel record.
7. In this way we will be able to examine the distribution of employees across the organisation and the success rate of applications/candidates for jobs, training and promotion opportunities. We need to establish that our Equal Opportunities policies are working for ALL employees and job applicants regardless of sex, racial, national or ethnic origin, disability or marital status.
8. The ethnic monitoring classifications shown overleaf are those used in the 2001 census.
9. We are currently examining the provision of better access to all our police buildings in relation to persons suffering from a physical disability. It will be helpful for us to ascertain accurate information about any difficulties staff may be encountering. If you have encountered any difficulties concerning this, please complete the questions overleaf regarding disability and access.
10. This data will be treated in the strictest confidence and will be safeguarded by the Personnel Department. Staff may be absolutely assured that they have the right to access to the record to check that the 'self-classification' has been correctly recorded, or to have the record amended at any time if the individual considers it appropriate. Once the information provided has been collated the monitoring form will be destroyed.
11. If you have any difficulties or queries about any aspect of the monitoring form, please do not hesitate to contact the Personnel Department of the Avon and Somerset Constabulary on 01275 816170/6162.

## Part 2. Personal Information for vetting.

- The information required in this questionnaire is to allow the Chief Constable to fulfil a statutory obligation to run an efficient and effective Force. To meet this obligation we must provide for the safety of our staff, and ensure that those with access to personal data are trustworthy, and unlikely to breach confidences. **Any infringement of an individual's right to respect for private and family life - European Convention on Human Rights (ECHR) - Article 8, and discrimination - ECHR Article 14, will only be that which is necessary and proportionate. The legitimate aims of such action will include the protection of the rights and freedoms of others, safeguarding public safety, the prevention of disorder and crime, and in some cases national security.**
- Please complete the questionnaire in **BLACK INK** using **BLOCK LETTERS**. Check that you have completed ALL the questions by ticking responses as appropriate, or by providing an answer in the spaces below. **Where a question is not applicable or the answer is not known or not easily obtainable, enter N/A or N/K respectively.** Please note that N/A or N/K responses may delay your clearance. Additional information should be provided on a sheet of A4 paper. **Remember to complete the declaration on back page.**

### Spouse/Partner Details

14	Family name(s):  Mr/Mrs/Miss/Ms (Circle appropriate title)
15	Former family name(s):
16	Forename(s):
17	Date of Birth:
18	Place of Birth:
19	Occupation:
20	Address if different from applicant:  House number/name:  Street/Road:  Town:  City:  Postcode:

1. If you or your spouse/partner have resided at any other address(es) within the last 5 years, please enter the details at question 22.
2. It will be assumed that you have informed all the people named on this application that their details have been submitted for your vetting processes to be conducted.

Name of applicant
-------------------

**Q.21. Details of other family members (over the age of 10 years)**

We will want to know whether any of your close family or associates are involved in criminal activity and we will therefore search for any criminal convictions or cautions recorded against them to reduce any risk of police assets being compromised. The Chief Constable reserves the right not to disclose these issues to you.

Please complete this section accurately as failure to do so can cause delays in your vetting clearance.

Relationship to you	Full name (include all previous names and your name at birth)	Date and place of birth	Full address including all postcodes
Your spouse/partner			
Your father			
Your stepfather			
Your mother			
Your stepmother			
Your brother/sister Half brother/sister			
Your brother/sister Half brother/sister			
Your brother/sister Half brother/sister			
Your spouse's or partner's mother			
Your spouse's or partner's father			
Your child/child of partner (over 10 years)			
Your child/child of partner (over 10 years)			
Your child/child of partner (over 10 years)			
Any other adult at your address			
Any other adult at your address			
Any other adult at your address			
Any other adult at your address			

*Please use a separate sheet of A4 paper and attach to form if required.*

Name of applicant
-------------------

**Q.22. Details of any previous addresses for applicant and/or spouse/partner during last 5 years:**  
*(Please use separate sheet of A4 paper if needed to cover 5 years)*

Name of person	Address(s)	Dates from	Dates to

**Q.23. Convictions/Cautions against the applicant:**

Have you ever been subject to a Reprimand, Warning, Caution or Conviction of any crime, or convicted of a traffic offence, or issued with a Penalty Notice, or granted a Conditional or Absolute Discharge or involved in a Criminal Investigation?

(Delete as applicable) **YES / NO**

A photocopy of your Driving Licence will be required showing the Counterpart of any court Endorsements.

If **YES** please complete **24** and give details of dates, offences and court of conviction.

**Note: Spent convictions must also be included.**

**Q.24. Details of convictions:**

Date(s)	Court(s)	Offences and results

**Q.25. Financial History:**

Have you or your partner:

(a) Ever been declared Bankrupt? Yes ☐ No ☐

(b) Been subject to an adverse County Court Judgement? Yes ☐ No ☐

(c) Been party to a voluntary agreement registered with the County Court? Yes ☐ No ☐

(d) Had repossession proceedings commenced against you? Yes ☐ No ☐

(e) Been party to an IVA Agreement? Yes ☐ No ☐

(i) If you have answered **YES** to any of the above, please give details (including dates) below at Question 26 and if necessary continue on a separate sheet of A4 paper and attach securely to the application form.

(ii) Was this action against yourself (the applicant) **YES / NO** or your partner **YES / NO**

**Q.26. Financial Details:**

Date(s)	Court(s)	Judgement

Name of applicant

**Q.27 Declaration of conditions:****Please read carefully before signing and dating this declaration.**

- 1) I declare that I have read and understood the questions set out in this application.
- 2) I declare that the information I have provided is true and complete to the best of my knowledge and belief.
- 3) I understand that if I have knowingly made a false statement, or a deliberate omission in the information I have provided in this form, I may be disqualified from this application or could be dismissed. Such deliberate actions by me could result in a criminal investigation.
- 4) I understand that it will be assumed by the police that I have informed the persons named in this application that their details have been submitted as part of my vetting process.
- 5) I understand that vetting is an on-going process and I undertake to notify the Force Vetting Officer of any material changes in the information I have provided in this form, eg change of partner, accommodation, convictions/cautions or any financial issues, as set out in part 2 of this application. Failure to do so could be a breach of contract where the changes could affect the integrity of the Force.
- 6) I understand that where issues are raised during the vetting process, I can be asked to attend a vetting interview to answer any questions and to produce any relevant documentation. Failure to comply could result in a refusal.
- 7) I understand that the Chief Constable reserves the right to review my vetting clearance periodically.
- 8) I understand that if my vetting clearance is refused, I can ask for the decision to be reviewed by an independent manager. The request must be in writing and submitted within 14 days of me being informed. However, I also understand that the Chief Constable reserves the right not to disclose the reasons for refusal.
- 9) I also understand that information received during the vetting process is treated in a confidential manner, no immunity can be granted in respect of discipline or criminal matters revealed during the process. In such cases, information contained within the vetting procedure may be disclosed in any subsequent proceedings.

Signed .....

Date .....

**AVON AND SOMERSET STATEMENT**

The Avon and Somerset Constabulary have a Vetting Policy in compliance with the National Vetting Policy for the Police Community 2004.

These policies set out recommended practices and procedures to ensure the staff working within the police environment protect the integrity of our information, and maintain the confidence of the general public. Vetting is considered as a 'snap shot in time' and is an on-going process throughout a person's career. Some changes in domestic circumstances, personal financial details, or convictions can require the vetting clearance to be reviewed to assess the vetting against the new information.

The vetting process is conducted against a number of criteria which are specified in the National Vetting Policy, Home Office Guidelines and Force policies. Applicants should be aware that such enquiries may include criminal, financial and identification checks to be conducted. Members of the applicant's family are also checked to identify possible compromises where a conflict of interests could occur.

You can be assured that the information provided for these purposes will be treated in confidence subject to the stated conditions set out at 8 in the Declaration section above.

Any infringement of an individual's rights under the Data Protection Act 1998, or the Articles of the Human Rights Act will only be that which is 'necessary' and 'proportionate'.

**DATA PROTECTION ACT 1998**

Please note that the information supplied on this form may be held and that the enquiries made in processing your application may include reference to personal data held on police computers or manual files.

## AVON AND SOMERSET CONSTABULARY EUROPEAN WORKING TIME REGULATIONS POLICY

### 1 Introduction

- 1.1 The Working Time Regulations 1998 are a health and safety at work measure implementing the European Working Time Directive 1993. As all employees should be aware of the basic requirements of the Regulations, it has been decided that all recruitment packs within the Avon and Somerset Constabulary should contain such information as follows:
- 1.2 It should be noted that Working Time is not the same as paid contractual hours.

### 2 Working Week

- 2.1 The Working week should be no more than 48 hours.
- 2.2 Successful employees will be required to inform the force of any other work, even if this includes work outside the force so that the force can ensure that weekly work does not exceed 48 hours. In such circumstances, the employee will be asked to sign an individual agreement.

### 3 Annual Leave

- 3.1 Under the Regulations, employees are entitled to four weeks paid leave (which includes bank and public holidays). Within the Avon and Somerset Constabulary the current conditions of service regarding leave exceed this.

### 4 Rest Breaks

- 4.1 Under the Regulation an adult employee, whose daily working time is more than six hours, is entitled to an uninterrupted break of 20 minutes. Within the Avon and Somerset Constabulary the current conditions of service regarding leave exceed this.

### 5. Daily Rest Breaks

- 5.1 All employees are entitled to an 11 hours consecutive rest per 24 hour period.
- 5.2 There are instances where employees work a rotating shift. In such cases managers will ensure that quick and efficient changeover allows for this break. In not, compensatory rest will be granted within 14 days.

### 6 Weekly Rest

- 6.1 All employees are entitled to a 24 hour rest period after 7 days have been worked.
- 6.2 Employees on a rotating shift pattern will ensure rest days are taken. Rest days are incorporated into shift patterns to ensure this requirement is met.
- 6.3 For support staff a period of a week as per Avon and Somerset conditions begins at midnight on Sunday of each week for support staff.

### 7 Reference Periods

- 7.1 A 17 week reference period will be applied for calculating the average 48 hour week which will be consecutive. This will be calculated on a rolling basis throughout the year.

### 8 Record Keeping

- 8.1 Records of hours worked will be kept for 2 years in relation to a 48 hour limit. These will include flexitime and overtime sheets.

Further details may be obtained from the Collective Agreement between Staff Associations and the Avon and Somerset Constabulary by contacting the Personnel Department.



## HEALTH QUESTIONNAIRE

*The answers to these questions will enable the Force Medical Officer to decide whether you are medically suitable for consideration for the particular post for which you have applied or whether he/she requires additional medical information before reaching a decision. This form will be destroyed if you are unsuccessful in your application.*

Surname	Forename(s)	Male/Female	Date of Birth
		FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>	
Position Applied for:		Location:	
		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
Present Occupation:			
Home Address:		Family Doctor's Name:	
Tel:		Address/Tel:	
Height (in bare feet)	Weight (in ordinary clothing)	Are you Registered Disabled? YES <input type="checkbox"/> NO <input type="checkbox"/>	
feet / inches.....	stones / lbs.....		
metres .....	kgs.....		

1. Have you ever suffered from or had treatment for any of the following?    \*Please ☒ as appropriate

(a) Asthma, hayfever, bronchitis, chest disease?

YES ☐    NO ☐

(b) Raised blood pressure or disease of the heart or circulation?

YES ☐    NO ☐

(c) Recurrent indigestion, gastric or duodenal ulcer or inflammation of the bowel?

YES ☐    NO ☐

(d) Defective hearing in either ear or recurrent ear infection or discharge?

YES ☐    NO ☐

(e) Eye disease including squint?

YES ☐    NO ☐

(f) Any form of blackout or fit including epilepsy, any recurring headaches including migraine or dizzy bouts?

YES ☐    NO ☐

(g) Rupture, varicose veins or haemorrhoids?

YES ☐    NO ☐

(h) Back or spinal trouble including slipped disc or neck problem or postural problems?

YES ☐    NO ☐

# RESTRICTED

(i) Any fractures, injury or physical deformity to joints or tendons?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(j) Diabetes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(k) Any form of anxiety state, depression or mental illness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Do you take any medication or drugs, prescribed or not (excluding those for birth control)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Do you wear spectacles or contact lenses?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Are you currently under treatment by a doctor/specialist or awaiting a doctor/specialist appointment or admission to hospital?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Have you any other medical condition, disability or inherited disorder which restricts, or may do so in the foreseeable future, your performance in the post for which you have applied?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. How many days off work / school have you taken due to sick leave in the last two years? Details:	.....Days	
7. If you have answered "Yes" to any of the above, please give details below		
<p style="text-align: right;">* If insufficient space, please continue on an additional sheet</p>		
8. Declaration: (please read carefully)		
<p><i>To the best of my knowledge and belief the information I have given on this form is correct. I understand that false information, misleading information, or failure to disclose information will nullify my application or may result in the termination of my employment with the force.</i></p> <p><i>I give permission for the Force Medical Officer to contact my general practitioner or any other doctor under whose care I have been during the past few years, if necessary.</i></p> <p>Signature of Applicant.....</p>		
<b><u>FOR OFFICIAL USE ONLY</u></b>		
<b>FORCE MEDICAL OFFICER'S COMMENT</b>		
Fit for the post applied for <input type="checkbox"/>	Requires Medical Prior to Appointment <input type="checkbox"/>	Unfit for Post Applied for <input type="checkbox"/>
Reason:		
Signature..... Date.....		

RESTRICTED