

**Cumbria Fire and Rescue Service**

**Appointment Form**

* To be completed by Line Manager following interview
* Where possible send the completed form to the Service Centre using the Service Centre Portal

**Only complete this form if directed to by the Service Centre.**

**Section 1. Employee Details**

|  |  |
| --- | --- |
| Forename(s): |  |
| Surname |  |
| National Insurance Number |  |

**Section 2. Vacancy / Requisition Details**

|  |  |
| --- | --- |
| Vacancy Reference Number: |  |
| Vacancy Title: |  |
| Line Manager Name: |  |
| Line Manager Position Title: |  |

|  |  |
| --- | --- |
| Post Group Number: |  |
| Final Grade: |  |
| Salary: |  |

Does this post qualify for a Local Car User (LCU) allowance? Yes  No

|  |  |
| --- | --- |
| Weeks Worked per annum (if not full year): |  |
| Hours per week |  |

Working Pattern:

If the employee works a standard weekly pattern complete the table below;

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** | **Total** |
| **E.G** | **07:24** | **07:24** | **07:24** | **07:24** | **07:24** | **-** | **-** | **37:00** |
| **Week** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

If the employee works a pattern over multiple weeks, tick this box,  the service centre will contact you to confirm the pattern details.

|  |  |
| --- | --- |
| Establishment Name, including town *(where post is to be based)*: |  |
| Cost Centre: |  |

**Section 3. Fixed Term Details**

Complete this section for all appointments, except permanent.

Expected End Date:

Fixed Term Reason *(tick one)*:

1. Cover for absent post holder / during recruitment

* Maternity
* Long Term Sickness
* Fixed Term Cover

Details:

|  |  |
| --- | --- |
| Post Title: |  |
| Team Name: |  |
| Post Holder Name: |  |
| Expected Duration: |  |
| Expected Recruitment Timescale: |  |

2. Grant Funded

|  |  |
| --- | --- |
| Source of Grant: |  |

3. Project

|  |  |
| --- | --- |
| Name of Project: |  |
| End Date: |  |

4. Event

|  |  |
| --- | --- |
| Future Recruitment: |  |

**Section 4. Pre-Employment Clearances**

Please indicate whether the following checks are needed and whether they have been obtained:

|  |  |  |  |
| --- | --- | --- | --- |
| **Pre-Employment Clearance** | **Responsibility** | **Required YES/NO** | **Obtained YES/NO** |
| Health Assessment | HR Payroll Admin | YES – Mandatory | Click or tap here to enter text. |
| Satisfactory Unspent Criminal Record | HR Payroll Admin / Recruiting Manager | YES – Mandatory | Click or tap here to enter text. |
| References | HR Payroll Admin | YES – Mandatory | Click or tap here to enter text. |
| Right to Work in the UK | Recruiting Manager | YES – Mandatory | Click or tap here to enter text. |
| DBS Check | HR Payroll Admin / Recruiting Manager | Click or tap here to enter text. | Click or tap here to enter text. |
| Criminal Record of Good Conduct in Country of Residence (overseas applicants) | Recruiting Manager | Click or tap here to enter text. | Click or tap here to enter text. |
| Satisfactory Evidence of Good Conduct (CQC roles) | Recruiting Manager | Click or tap here to enter text. | Click or tap here to enter text. |
| Essential Qualifications | Recruiting Manager | Click or tap here to enter text. | Click or tap here to enter text. |
| Professional Registrations | Recruiting Manager | Click or tap here to enter text. | Click or tap here to enter text. |
| Valid Driving License | Recruiting Manager | Click or tap here to enter text. | Click or tap here to enter text. |
| Other (Please Specify):  Click or tap here to enter text. |  | Click or tap here to enter text. | Click or tap here to enter text. |

**Section 5. Form Completed By**

The transfer will not be processed if mandatory documents are not provided, where applicable mandatory documents should be attached. Tick to confirm originals have been seen.

1. Certified true copies of qualification certificates / registration documents (True Original)

2. Completed document check list for DBS check (if applicable)

Name: Click or tap here to enter text.

Position Title: Click or tap here to enter text.

Date:  Click or tap here to enter text.