



**AVON &
SOMERSET**
POLICE & CRIME
COMMISSIONER

Role Reference	AO 2021
Candidate Name:	
Application Reference:	

Avon & Somerset Police & Crime Commissioner

Administration Officer

Competency Based Self-Assessment Application Form

Administration Officer

Competency Based Self Assessment Application Form

Private & Confidential

Before completing the application form you are advised to read the instructions for completion carefully.

Instructions for Completion

- a. The form should be completed in black ink or type-face (of not less than 10 pt). No attempt should be made to redesign the form.
- b. Complete all sections of the application form.
- c. Be as succinct and concise as possible although not to the point of omitting critical information. Answers must be restricted to the number of words specified on the form; if there is insufficient space please continue on a separate sheet making clear which question is being answered. Any words in excess of the specified number will be disregarded.
- d. All information you want to convey **MUST** be contained within the application form (or on the supplementary sheets as specified). In deciding who to call for interview no additional information will be taken into account. **Curriculum vitae (CV's) will not be accepted.**
- e. It is your responsibility to ensure the application form and Equal Opportunities monitoring form are completed and are returned to the specified address and by the date given.
- f. It is imperative that you are open and honest with your answers. Evidence needs to be specified and focussed on your personal involvement/experience and actions. The evaluation of your application will be determined by the extent that your evidence relates to the requirements of the role, how thoroughly you answer the questions and how appropriate your examples are in relation to the role.

PART ONE

POST APPLIED FOR:

Administration Officer

LAST NAME:

FORENAME(S):

CURRENT JOB TITLE:

EMPLOYER:

CORRESPONDENCE ADDRESS:

TELEPHONE:

MOBILE:

EMAIL:

NATIONAL INSURANCE NUMBER:

ASSESSMENTS AND INTERVIEWS WILL BE HELD ON THE DATES SHOWN IN THE TIMETABLE PROVIDED IN THE APPLICATION PACK. YOU WILL NEED TO BE AVAILABLE ON ALL DATES. PLEASE PROVIDE DETAILS OF ANY SPECIAL ARRANGEMENTS YOU WOULD REQUIRE AT INTERVIEW (e.g. building access).

PLEASE CONFIRM WHERE YOU HEARD ABOUT THE VACANCY?

Avon & Somerset's Police and Crime Commissioner is committed to equality and diversity and welcomes applications from all suitably qualified candidates. The OPCC has a strong focus on employing people that best fit with the ethos and culture of our team and are looking for someone that will embrace our values of Openness, Partnership, Compassion and Courage.

PART TWO**DETAILS OF PREVIOUS THREE POSTS**

CURRENT ROLE TITLE:		EMPLOYER:	
START DATE:		FINISH DATE:	
BRIEF DESCRIPTION OF ROLE AND RESPONSIBILITIES			
REASONS FOR LEAVING:		NOTICE PERIOD REQUIRED:	
PREVIOUS ROLE TITLE:		EMPLOYER:	
START DATE:		FINISH DATE:	
BRIEF DESCRIPTION OF ROLE AND RESPONSIBILITIES			
PREVIOUS ROLE TITLE:		EMPLOYER:	
START DATE:		FINISH DATE:	
BRIEF DESCRIPTION OF ROLE AND RESPONSIBILITIES:			

DETAILS OF RELEVANT QUALIFICATIONS AND TRAINING

Please list any educational qualifications you consider are relevant to the role for which you are applying.

COLLEGES, UNIVERSITY ATTENDED OR CORRESPONDENCE COURSES TAKEN	FROM	TO	QUALIFICATIONS AND GRADE ATTAINED

Please list any training courses attended that you consider are relevant to the role for which you are applying

COURSE TITLE	FROM	TO	SUMMARY OF COURSE CONTENTS

Please provide details of any Equal Opportunities and Community and Race Relations training you have received

COURSE TITLE	FROM	TO	SUMMARY OF COURSE CONTENTS

PROFESSIONAL MEMBERSHIP:

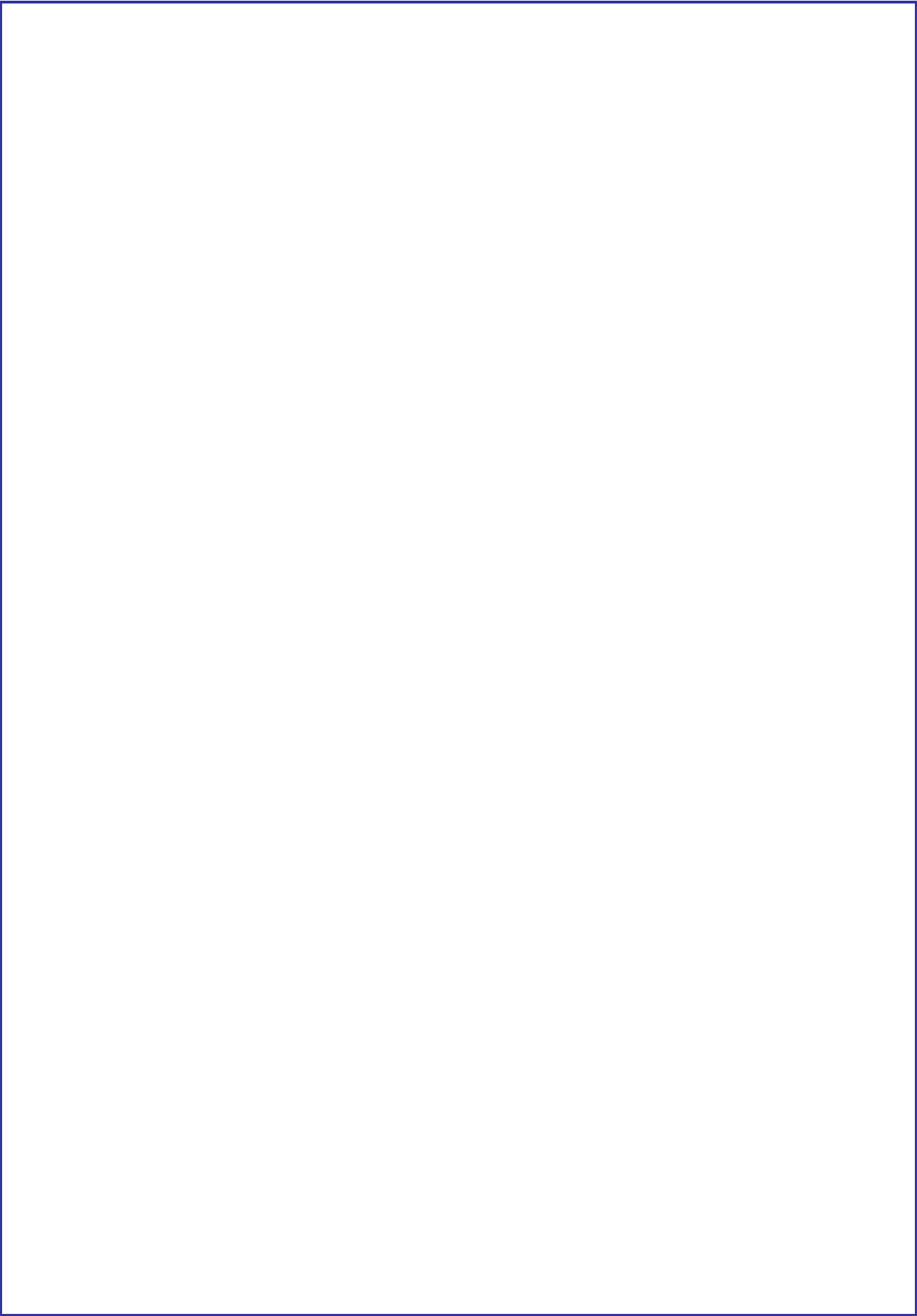
Please indicate any professional membership you hold.

NAME OF PROFESSIONAL BODY	MEMBERSHIP TYPE	DATE OF MEMBERSHIP	MEMBERSHIP NUMBER

PART THREE

COMPETENCIES:

Please evidence the level of experience, skills and knowledge you have in the competencies outlined in the person specification. The information and examples provided is how applicants are marked/scored as to how their examples meet the essential and desirable criteria required for the role. You will need to give full, clear, specific and demonstrable examples of how you meet the criteria. This evidence will determine if you are suitable for the role and then invited to attend interview.
Please use a supplementary sheet if needed.
(3,000 word count limit).



ADDITIONAL INFORMATION**Why are you applying for this post / what makes you the best candidate for the role:****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). REFERENCES WILL BE TAKEN UP PRIOR TO ANY OFFER OF APPOINTMENT BEING MADE, AND REFEREES WILL ONLY BE APPROACHED AFTER INTERVIEW.

Name:	Name:
Position/relationship:	Position/relationship:
Address:	Address:
Postcode:	Postcode:
Telephone & email address:	Telephone & email address:

PART FOUR**WORK PERMIT**

THE PREVENTION OF ILLEGAL WORKING IN THE UK IS CURRENTLY GOVERNED BY SECTION 8 OF THE ASYLUM AND IMMIGRATION ACT 1996. UNDER LAW, IT IS A CRIMINAL OFFENCE TO EMPLOY A PERSON AGED 16 OR OVER WHO IS SUBJECT TO IMMIGRATION CONTROL AND WHO HAS NO PERMISSION TO WORK IN THE UK, OR WHO WORKS FOR YOU IN BREACH OF THEIR CONDITIONS TO STAY IN THE UK.

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?

PART FIVE

DRIVING LICENCE

SOME ROLES WITHIN THE OFFICE OF THE POLICE & CRIME COMMISSIONER (BUT NOT ALL) REQUIRE THE POST HOLDER TO HAVE A FULL VALID UK DRIVING LICENCE.

Do you have this? ☐ Yes ☐ No

PART SIX

IDENTIFICATION

PROOF OF YOUR IDENTITY IS REQUIRED. PLEASE PRODUCE A FORM OF WRITTEN IDENTITY (e.g. PASSPORT, BIRTH CERTIFICATE, DRIVING LICENCE) FOR VERIFICATION, PLUS ONE OTHER DOCUMENT SHOWING YOUR ADDRESS (e.g. UTILITY BILL). PHOTOCOPIES OF THE RELEVANT PAGES MUST BE SENT WITH THIS APPLICATION. DO NOT SEND THE ORIGINAL DOCUMENTS AS THEY WILL NOT BE RETURNED TO YOU.

Enclosed? ☐ Yes

PART SEVEN

DECLARATION

The Avon and Somerset OPCC will interview all applicants declaring a disability who meet the minimum essential criteria and consider them on their abilities. This information is only requested in order that appropriate arrangements can be made if you are selected for the scheme.

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?

☐ Yes ☐ No

Equality Act 2010.

If you required any assistance or reasonable adjustments if you are invited for any interview, please do let us know and we will be pleased to discuss this with you and arrange suitable adjustments.

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION AND STATEMENTS CONTAINED WITHIN THIS APPLICATION ARE CORRECT. I UNDERSTAND THAT SHOULD I CONCEAL ANY MATERIAL FACT, I WILL, IF APPOINTED, BE LIABLE TO THE TERMINATION OF MY APPOINTMENT.
I UNDERSTAND THAT ANY APPOINTMENT WILL BE SUBJECT TO ME PASSING THE REQUIRED VETTING, HEALTH AND REFERENCE CHECKS.
I CONFIRM I AM AVAILABLE TO ATTEND FOR SELECTION INTERVIEW ON WEEK COMMENCING 24 MAY 2021.

SIGNATURE DATE

Thank you very much for completing this form.

Please return it to:

Kate Watson, Office & HR Manager
Office of the Police & Crime Commissioner
Avon and Somerset Police & Crime Commissioner
Valley Road
Portishead, Bristol. BS20 8JJ
Katel.watson@avonandsomerset.police.uk

Equality Monitoring Form

Avon and Somerset Police & Crime Commissioner is committed to ensuring that its selection processes are fair, inclusive and promote equality of opportunity for all people and communities.

By completing this form you will help us to monitor the effectiveness and fairness of our procedures. The information you provide will be used for equality monitoring purposes only. It will not be made available to those assessing your application, and forms no part of the selection process.

Nationality

Age

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-29 | <input type="checkbox"/> 30-39 |
| <input type="checkbox"/> 40-49 | <input type="checkbox"/> 50-59 |
| <input type="checkbox"/> 60-69 | <input type="checkbox"/> 70+ |

Gender

- ☐ Male
☐ Female

Gender / Transgender identity

If your gender identity is different from the gender that you were assigned at birth, please indicate your gender identity below

- ☐ Male
☐ Female
☐ Other
☐ Prefer not to say whether my gender identity is different from my assigned gender

Sexual orientation

- ☐ Bisexual
☐ Gay or Lesbian
☐ Heterosexual
☐ Other
☐ Prefer not to say

Ethnic origin

- Asian or Asian British

- ☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Other (please specify)

- Black or Black British

- ☐ Caribbean
☐ African
☐ Other (please specify)

- Chinese or Chinese British

- ☐ Chinese or Chinese British

- Mixed

- ☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Other (please specify)

- White

- ☐ British
☐ Irish
☐ Other (please specify)

- Other ethnic group

- ☐ Any other background (please specify)

- ☐ I do not know my ethnic origin

Religious belief or faith

(include denomination under 'other' if you wish)

- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Other (please specify)

-
- ☐ None
 - ☐ Prefer not to say

Caring responsibilities

Are you personally responsible for the care of another person? (please tick all that apply)

- ☐ A child or children
- ☐ A dependent elderly person
- ☐ A person with a long-term physical or mental ill-health or disability

Disability

The Equality Act 2010 says that a person is disabled if they have, or have recovered from, a physical or mental impairment that has a substantial and long-term adverse effect on ability to carry out normal day-to-day activities.

This can include people who have difficulties with mobility, dexterity, coordination, speech, hearing, or eyesight (except when corrected by glasses), and those living with visible disfigurements or long-lasting conditions controlled by medication (such as epilepsy or diabetes). People with HIV, cancer or multiple sclerosis are automatically treated as disabled.

Do you consider yourself to be disabled?

- ☐ Yes
- ☐ No

If you have any questions about completing this form please contact:

Kate Watson, Office & HR Manager

Email: Katel.watson@avonandsomerset.police.uk

Thank you for completing this form.

Please return it with your application.