

**Cambridge**

**Student & Community**

**First Responders (SCFR)**

APPLICATION FORM

Please complete relevant sections in BLOCK CAPITALS

**STUDENT RESPONDER**

|  |
| --- |
| Name: |
| Student Type:  *(eg Clinical, Nursing, Paramedic)* |
| Year of Study: |
| College and University: |

**NEW COMMUNITY RESPONDER**

|  |
| --- |
| Name: |
| Profession: |

**EXISTING COMMUNITY RESPONDER**

|  |
| --- |
| Name: |
| Existing Community Group: |
| When joined CFR: |

**Do you wish to apply to drive the DRV?**

|  |
| --- |
| Name as appears on Licence: |
| Age:  *(you must be 21 years or older to drive the DRV)* |
| Driving Licence Type:  *(eg UK manual, European Automatic)* |
| Driving Licence Number: |
| Date passed:  *(you must of held your licence for at least 1 year)* |
| Any driving endorsements or points: |

**Sending your application Pack**

Send your completed application pack to: [applications@cambridgescfr.org.uk](mailto:applications@cambridgescfr.org.uk)

Any questions email: [info@cambridgescfr.org.uk](mailto:info@cambridgescfr.org.uk)

Bring the paper copy to your CRB interview



Community Partnership Team

Felixstowe Ambulance Station

Levington Road

Felixstowe

Suffolk

IP11 2EX

**COMMUNITY FIRST RESPONDER SCHEME**

**APPLICATION FORM**

Please complete all sections in BLOCK CAPITALS

Please indicate if you wish to become a **Responder** or a **Volunteer Supporter**

|  |  |
| --- | --- |
| **Responder** | **Volunteer Supporter** |

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | First Name: | | Surname: |
| Address:  Postcode: | | | |
| Date of Birth: | | | |
| Telephone Number: | | Mobile Number: | |
| Email Address: | | | |

**Next of Kin**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | First Name: | | Surname: |
| Address:  Postcode: | | | |
| Date of Birth: | | Relationship to you: | |
| Telephone Number: | | Mobile Number: | |
| Email Address: | | | |

|  |
| --- |
| If you are successful, are you happy for your details to be passed on to other volunteers within your area?  **YES / NO** |

|  |
| --- |
| Relevant training, professional medical qualifications and any fundraising or promotional experience: |

**References**

Please supply details for two referees who would be prepared to provide a character reference. This must not be a member of your own family but can be your employer or a family friend.

|  |  |
| --- | --- |
| Reference 1:  Name  Address  Postcode: | |
| Telephone number: | Email address: |
| Reference 2:  Name:  Address:  Postcode: | |
| Telephone number: | Email address: |

**Rehabilitation of offenders Act 1974**

Before you can be considered for appointment with the NHS we need to be satisfied about your character and suitability.

The NHS aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation or age. The NHS undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

|  |  |
| --- | --- |
| Have you any spent or unspent criminal convictions or bindover’s, or any cautions, warnings or reprimands? | **Yes / No** |
| If yes, please give details | |
|  | |

If you are applying for a post involving access to persons in receipt of health services, your offer of a voluntary position may be subject to satisfactory disclosure from the Criminal Records Bureau. Failure to reveal information relating to any convictions could lead to withdrawal of an offer of this post.

**For office use only**

|  |  |
| --- | --- |
| Date Application sent: | Date CRB received: |
| Date Reference sent: | Date reference received: |
| Locality: | |
| Scheme joining: | |
| Responder/Supporter: | |

**The Data Protection Act 1998**

I understand that the information in this application form will be kept on a computer which is password protected and that my personal details will not be released to any third party under any circumstances. I also understand that if I do not wish my personal details to be processed in this way that I must inform the Community Partnership Manager at the above address and that it will not be possible for me to remain on the register of the Community First Responder Scheme as a responder or supporter without such data being processed



**Equal Opportunities:**

East of England Ambulance Service NHS Trust is fully committed to the pursuit of Equal Opportunities in employment. The Service collects information in recruitment and promotion procedures in order to monitor its performance in achieving Equal Opportunities.

The information collected will not be used in the decision making at any stage of the recruitment process. This sheet will be removed from the application form immediately upon receipt, and all information collected will be treated in strictest confidence.

Position applied for: ………………………………… ……….. Date: ……….………………..

Please tick as appropriate:

**Sex:** Male □ Female □

**Age:** 18-25 □ 26-35 □ 36-45 □ 46-55 □ 56-65 □ 65+ □

**Marital Status:**

Single □ Married □ Divorced □ Separated □ Widowed □

**Ethnic Origin:**

**A White B Mixed C Asian or Asian British**

White British A □ White and Black Caribbean D □ Indian H □

White Irish B □ White and Black African E □ Pakistani J □

Other White C □ White and Asian F □ Bangladeshi K □

Other Mixed G □ Other Asian L □

**D Black or Black British E Chinese or Other Ethnic Group**

Black Caribbean M □ Chinese R □

Black African N □ Other Ethnic Group S □

Other Black P □

Are you registered disabled? Yes □ No □

Do you consider yourself disabled? Yes □ No □

The information collected is recommended by the key authorities in Equal Opportunities, and uses classification designated by the Office of Population Censuses and Surveys.

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