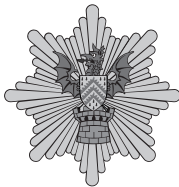


FFURFLEN GAIS APPLICATION FORM

South Wales
Fire and Rescue Service



Gwasanaeth Tân ac Achub
De Cymru

CAIS AM SWYDD

CYFEIRNOD Y SWYDD

AT DDEFNYDD Y SWYDDFA'N UNIG

DYDDIAD DERBYN

DYDDIAD CYDNABOD

Llenwch holl adrannau'r ffurflen gais gan ddefnyddio INC DU. Ar ôl ei llenwi, rhaid dychwelyd y ffurflen i'r Prif Swyddog Tân (Yr Adran Bersonél), Pencadlys Gwasanaeth Tân ac Achub De Cymru, Parc Busnes Forest View, Llantrisant, CF72 8LX.

Cewch lenwi'r ffurflen hon yn y Gymraeg neu Saesneg.

1. MANYLION PERSONOL

Cyfenw

Enwau Cyntaf

Cyfeiriad Parhaol

Côd Post

Rhif Yswiriant Cenedlaethol

Rhif ffôn gartref

Gwaith

Symudol

e-bost

Ydych yn siarad Cymraeg? (nodwch lefel)

Nac ydw

Dysgwr

Canolradd

Rhugl

A oes angen trwydded waith arnoch? (Ticiwch)

Oes

Nag oes

A oes angen ymestyn y drwydded? (Ticiwch)

Oes

Nag oes

Oes trwydded yrru gyflawn a dilys gennych chi?

Oes

Nag oes

APPLICATION FOR POST OF

POST REFERENCE NO

FOR OFFICE USE ONLY

DATE ACKNOWLEDGED

DATE RECEIVED

Please complete all the following sections of the job application form in BLACK INK. Completed forms are to be returned to The Chief Fire Officer (Personnel Department), South Wales Fire and Rescue Service Headquarters, Forest View Business Park, Llantrisant, CF72 8LX.

This form can be completed in the medium of Welsh or English.

1. PERSONAL DETAILS

Surname

First names

Permanent address

Postcode

National Insurance number

Telephone number home

Work

Mobile

email

Are you a Welsh speaker? (please indicate)

No

Learner

Intermediate

Fluent

Are you required to have a work permit? (Please tick)

Yes

No

Does the permit need extending? (Please tick)

Yes

No

Do you hold a current full driving licence? (Please tick)

Yes

No

MANYLION CYFLOGAETH

Dechreuwch gyda'ch cyflogydd cyfredol/diwethaf a chofiwch roi manylion unrhyw fylchau. Nodwch unrhyw fanteision ariannol sy'n gymwys i'ch swydd gyfredol/a fu'n gymwys i'ch swydd ddiwethaf, a nodwch eu gwerth.

DETAILS OF EMPLOYMENT

Please commence with your current/last employer giving details for any gaps where appropriate. Please specify any financial benefits applicable to your current/last post and indicate their value.

Enw a Chyfeiriad y Cyflogydd Name and Address of Employer	Teitl y Swydd Job Title	Graddfa /Cyflog Grade /Salary	Dyddiadau Dates		Rheswm Dros Ymadael Reason for Leaving
			O From	I To	

**CYMWYSTERAU ADDYSGOL
/PROFFESIYNOL/GALWEDIGAETHOL**

**EDUCATIONAL/PROFESSIONAL
/VOCATIONAL QUALIFICATIONS**

Ysgol Uwchradd/Coleg /Prifysgol/ Corff Secondary School/ College /University/Organisation Body	Cwrs/ Pwnc a Astudiwyd Course/Subject Studied	Dyddiadau Dates		Cymwystrau Gradd a Dyddiad Qualifications Grade & Date Obtained
		O From	I To	

AELODAETH O GYRFF PROFFESIYNOL

Rhowch fanylion am unrhyw weithgareddau proffesiynol yr ydych yn rhan ohonynt, a nodwch aelodaeth o gyrff proffesiynol gan gynnwys dyddiadau ethol.

MEMBERSHIP OF PROFESSIONAL BODIES

Please outline any professional activities in which you are involved and give details of membership of professional bodies including dates of election.

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HYFFORDDIANT PERTHNASOL ARALL

OTHER RELEVANT TRAINING COMPLETED

Corff a Theitl Organising Body & Title	Disgrifiad Cryno o'r Cynnwys a'r Dyddiadau Brief Description of Contents and Dates

PROFIAD A GWYBODAETH YCHWANEGOL

Rhowch fanylion am eich profiad, i dystio sut yr ydych yn cwrdd ag elfennau Manyleb y Person sydd wedi'u dynodi â seren.

Dylai'r ymgeisydd gyflwyno tysiolaeth gan nodi'r sefyllfa, rhoi manylion am y camau a gymerwyd, a'r canlyniad terfynol.

Darllenwch y canllawiau a ddarparwyd sy'n esbonio'n fanwl sut i gwblhau'r adran hon.

EXPERIENCE AND OTHER INFORMATION

Please give specific details of your experience to evidence how you meet those elements of the Person Specification that are indicated as Shortlisting Criteria (highlighted and marked with an asterisk).

You should present your evidence identifying the situation, what actions were taken, and the eventual outcome.

Please read the guidance notes provided which explain how to complete this section in more detail.

CANOLWYR

Nodwch enwau a chyfeiriadau dau berson all gynnig geirda i ategu eich cais (nid perthnasau). Oni bai bod yna amgylchiadau eithriadol (y dylech dynnu sylw atynt), gofynnir i chi enwi eich cyflogydd cyfredol fel un o'ch canolwyr. Fel arfer, gofynnir am eirda cyn llunio'r rhestr fer, ac ym mhob achos cyn cynnal y cyfweiliadau.

Ticiwch y bocs os NAD ydych chi eisiau i ni ofyn am eirda cyn cyfweld

Ticiwch

Enw:
Teitl y Swydd:
Cyfeiriad:
Rhif Ffôn:

Ticiwch

Enw:
Teitl y Swydd:
Cyfeiriad:
Rhif Ffôn:

NODER

- (1) Ni ddylai aelodau nac aelodau cyfetholedig yr Awdurdod Tân weithredu fel canolwyr na chynnig geirda mewn perthynas â'ch cais.
- (2) Y bydd canfasio aelodau neu aelodau cyfetholedig yr Awdurdod Tân yn uniongyrchol neu'n anuniongyrchol yn eich datgymhwyso o'r penodiad.

GWYBODAETH YCHWANEGOL

Hyd y gwyddoch chi, ydych chi'n perthyn i unrhyw Aelod, Aelod Cyfetholedig neu Uwch-swyddog yr Awdurdod Tân?

Os ydych, rhowch fanylion

Faint o rybudd sydd angen i chi ei roi i derfynu eich swydd gyfredol?

REFERENCES

Please give the names and addresses of two people to whom references can be made in support of your application (not relatives). Unless there are exceptional circumstances to which you should draw attention, you are asked to quote your present employer as one of your referees. References will normally be sought prior to shortlisting and in all cases prior to interview.

Please tick box if references are NOT to be taken prior to interview.

Tick here

Name:
Job Title:
Address:
Telephone No:

Tick here

Name:
Job Title:
Address:
Telephone No:

PLEASE NOTE

- (1) That members and/or co-opted members of the Fire Authority should not act as referees or testimonials in respect of your application.
- (2) That canvassing of members or co-opted members of the Fire Authority either directly or indirectly will disqualify as candidates for appointment.

SUPPLEMENTARY INFORMATION

Are you to the best of your knowledge related to any Member or Co-opted Member of the Fire Authority or a Principal Officer of the Fire & Rescue Service?

If Yes, please give details

What is the period of notice required to terminate your present employment?

NODWCH SUT Y CLYWSOCH AM Y SWYDD WAG HON

Papur newydd (nodwch pa gyhoeddiad)

Gweithiwr o'r Gwasanaeth Tân ac Achub

Gwefan

Ffynhonnell Arall (nodwch)

A gawsoch eich erlyn am unrhyw drosedd (gan gynnwys troseddau gyrru) heblaw y rhai a "fwriwyd" o dan Ddeddf Adfer Troseddwyr 1974?

Do Naddo

Os do, rhowch fanylion

Mae'r wybodaeth yr ydych wedi ei rhoi ar y ffurflen hon yn ddarostyngedig i Ddeddf Diogelu Data 1998. Caiff ei phrosesu a'i chadw ar gyfrifiadur, at ddibenion recriwtio er mwyn monitro a darparu dadansoddiadau ystadegol ac ar gyfer cadw cofnodion cyflogaeth eraill. Drwy arwyddo'r ffurflen gais hon, bernir eich bod wedi rhoi cydsyniad penodol i brosesu'r data a gynhwysir arni, gan gynnwys unrhyw beth y gellid ei ystyried yn ddata personol sensitif. Os cewch eich penodi, caiff yr wybodaeth hon ei chadw yn ystod cyfnod eich cyflogaeth. Os na chewch eich penodi, caiff ei dal am gyfnod o 12 mis wedi'r penderfyniad penodi ac wedi hyn fe gaiff ei dinistrio.

CADARNHAF FOD YR WYBODAETH AR Y FFURFLEN HON YN GYWIR HYD EITHAF FY NGWYBODAETH A'M CRED.

Llofnod

Dyddiad

PLEASE INDICATE HOW YOU HEARD ABOUT THIS VACANCY

Newspaper (please specify which publication)

Fire and Rescue Service Employee

Website

Other Source (please specify)

Have you ever been convicted of any criminal offence (including driving offences) other than those "spent" under the Rehabilitation of Offenders Act 1974?

Yes No

If yes, please give details.

The information you have provided on this form is subject to the Data Protection Act 1998. It will be processed and held on computer for recruitment purposes to monitor and provide statistical analysis and for the keeping of other employment records. By signing this application form you will be deemed to be giving your explicit consent to the processing of data contained on it, including anything that may be considered to be sensitive personal data. If you are appointed, this information will be retained during the period of your employment. If you are not appointed, it will be held for a period of 12 months after the appointment decision and after this it will be destroyed.

I CONFIRM THAT THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signed

Date

Equalities Monitoring

OFFICE USE ONLY

Candidate Number:

CONFIDENTIAL

As a Service we appreciate the true value of having a diverse workforce. In order to ensure that our recruitment advertisements attract people from all groups within the community, we would be grateful if you would answer the following questions. This information is confidential and will be used solely for monitoring purposes. This information is separated from the Application Form prior to shortlisting.

Sex	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender	<input type="checkbox"/> Prefer not to answer
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Ethnic Origin

Please note: Ethnic Origin questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic group - UK citizens can belong to any of the groups indicated.

Asian or Asian British	<input type="checkbox"/> Bangladeshi	Mixed	<input type="checkbox"/> White and Black African	
	<input type="checkbox"/> Indian		<input type="checkbox"/> White and Black Caribbean	
	<input type="checkbox"/> Pakastani		<input type="checkbox"/> White and Asian	
	<input type="checkbox"/> Other Asian	Other Mixed Please specify		
Black or Black British	<input type="checkbox"/> African	White	<input type="checkbox"/>	
	<input type="checkbox"/> Caribbean			
	<input type="checkbox"/> Other Black			
Chinese				
Other Please specify				
			Prefer not to answer	<input type="checkbox"/>

Sexual Orientation

<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Prefer not to answer
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Age

<input type="checkbox"/> Under 18	<input type="checkbox"/> 18-20	<input type="checkbox"/> 21-24	<input type="checkbox"/> 25-40	<input type="checkbox"/> 41-59	<input type="checkbox"/> 60-64	<input type="checkbox"/> 65+	<input type="checkbox"/> Prefer not to answer
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Date of Birth	
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Disability

<input type="checkbox"/> I have a disability	<input type="checkbox"/> I do not have a disability	<input type="checkbox"/> Prefer not to answer
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Religion or Belief

<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Sikh
<input type="checkbox"/> Muslim	<input type="checkbox"/> None	<input type="checkbox"/> Prefer not to answer	Other please specify	

Are you a Welsh speaker?

<input type="checkbox"/> No	<input type="checkbox"/> Learner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fluent	<input type="checkbox"/> Prefer not to answer
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Our Commitment to You

We understand that in some cases additional support may be needed to enable a candidate to participate fully in the Selection Process (e.g. dyslexia). Please record any support requirements that you may have in the space below. This information enables us to ensure that the necessary arrangements are made on your behalf. This detail is kept completely confidential and has no bearing on any Selection decision. Should you wish to make contact with a member of the team directly to discuss your requirements, please use the telephone number at the bottom of the page.



Monitro Cydraddoldeb

SWYDD Y GWNEIR CAIS AMDANI

Rhif Ymgeisydd:

CYFRINACHOL

Fel Gwasanaeth, rydym yn gwerthfawrogi gwir werth meddu ar weithlu amrywiol. Er mwyn sicrhau bod ein hysbysebion yn denu pobl o bob grŵp yn y gymuned, byddem yn ddiolchgar pe baech cystal ag ateb y cwestiynau canlynol. Mae'r wybodaeth hon yn gyfrinachol a chaiff ei defnyddio at ddibenion monitro yn unig. Caiff y wybodaeth hon ei gwahanu oddi wrth y Ffurflen Gais cyn llunio'r rhestr fer.

RHYW	<input type="checkbox"/> Benyw	<input type="checkbox"/> Gwryw	<input type="checkbox"/> Trawsrywiol	<input type="checkbox"/> Well gennyf beidio â dweud
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Tarddiad Ethnig

Fel Gwasanaeth, rydym yn gwerthfawrogi gwir werth meddu ar weithlu amrywiol. Er mwyn sicrhau bod ein hysbysebion yn denu pobl o bob grŵp yn y gymuned, byddem yn ddiolchgar pe baech cystal ag ateb y cwestiynau canlynol. Mae'r wybodaeth hon yn gyfrinachol a chaiff ei defnyddio at ddibenion monitro yn unig. Caiff y wybodaeth hon ei gwahanu oddi wrth y Ffurflen Gais cyn llunio'r rhestr fer.

Asiaidd neu Asiaidd Prydeinig	<input type="checkbox"/> Bangladeshaidd	Cymysg	<input type="checkbox"/> Gwyn a Du Affricanaidd
	<input type="checkbox"/> Indiaidd		<input type="checkbox"/> Caribïaidd Gwyn a Du
	<input type="checkbox"/> Pacistanaidd	Cymysg Arall Rhowch fanylion	<input type="checkbox"/> Gwyn ac Asiaidd
	<input type="checkbox"/> Asiaidd Eraill		
Du neu Du Prydeinig	<input type="checkbox"/> Affricanaidd	Gwyn	<input type="checkbox"/>
	<input type="checkbox"/> Caribïaidd		
	<input type="checkbox"/> Du Arall		
Tsieineaidd	<input type="checkbox"/>		
Arall Rhowch fanylion			
			Well gennyf beidio â dweud <input type="checkbox"/>

Cyfeiriadedd Rhywiol

<input type="checkbox"/> Deurywiol	<input type="checkbox"/> Hoyw	<input type="checkbox"/> Heterorywiol	<input type="checkbox"/> Lesbiaidd	<input type="checkbox"/> Well gennyf beidio â dweud
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Oed

<input type="checkbox"/> O dan 18	<input type="checkbox"/> 18-20	<input type="checkbox"/> 21-24	<input type="checkbox"/> 25-40	<input type="checkbox"/> 41-59	<input type="checkbox"/> 60-64	<input type="checkbox"/> 65+	<input type="checkbox"/> Well gennyf beidio â dweud
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Dyddiad Geni	
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Anabledd

<input type="checkbox"/> Mae gennyf anabledd	<input type="checkbox"/> Nid oes gennyf anabledd	<input type="checkbox"/> Well gennyf beidio â dweud
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Crefydd neu Gred

<input type="checkbox"/> Bwdhaidd	<input type="checkbox"/> Cristion	<input type="checkbox"/> Hiñdw	<input type="checkbox"/> Iddewig	<input type="checkbox"/> Sikh
<input type="checkbox"/> Mwslim	<input type="checkbox"/> Dim un	<input type="checkbox"/> Well gennyf beidio â dweud	Arall Rhowch fanylion	

Ydych chi'n Siaradwr Cymraeg?

<input type="checkbox"/> Nac ydw	<input type="checkbox"/> Dysgwr	<input type="checkbox"/> Canolradd	<input type="checkbox"/> Rhugl	<input type="checkbox"/> Well gennyf beidio â dweud
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Ein Hymrwymiad i Chi

Deallwn y gallai fod angen cymorth ychwanegol mewn rhai achosion i alluogi ymgeisydd i gymryd rhan yn llawn yn y Broses Ddethol (e.e. dyslecsia). Cofnodwch unrhyw ofynion cymorth a allai fod gennych yn y blwch isod. Mae'r wybodaeth hon yn ein galluogi i sicrhau y caiff y trefniadau angenrheidiol eu gwneud ar eich rhan. Caiff y manylion hyn eu cadw'n gwbl gyfrinachol ac nid ydynt yn cael unrhyw ddylanwad ar unrhyw benderfyniad dethol. Os byddwch am gysylltu ag aelod o'r tîm yn uniongyrchol i drafod eich gofynion, defnyddiwch y rhif ffôn ar waelod y dudalen.



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