



APPLICATION to

# Join On Transfer as a Police Sergeant

GREATER MANCHESTER POLICE FORCE

Title

Family Name

First name(s)

*Please read these  
notes carefully  
before completing  
the form*

- 1 You should fill in this form as fully and accurately as possible.
- 2 Points to remember:
  - write clearly
  - tick boxes where appropriate
  - use continuation pages if you need more space for any answer
  - sign the declaration at Section 17
- 3 Send your completed application form and sickness absence record to:

Greater Manchester Police (Transfers)  
Force Headquarters  
Police Recruitment Unit  
Chester House  
Boyer Street  
Manchester M16 0RE

- 4 Your application will be dealt with as quickly as possible. If you have any queries or want to ask about the progress of your application, you should contact the Transfers Recruitment Team on 0161 856 2425





## We will:

- Make Greater Manchester safer
- Bring criminals to justice
- Be visible on the streets
- Respect, reassure and respond to local communities

## We will be:

- Professional and well led
- Efficient and effective
- A force which listens and learns
- Open and accountable





# Medical History Continuation Sheet

Question	Details





9 Have you ever been medically examined for life assurance by any Government Medical Officer, State Medical Board, Civil or Military etc? Give details including date, purpose and result.

Details
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10 Complete details of your family.

Age	State of health	If deceased, state age at death and cause of death
Father		
Mother		
Brothers		
Sisters		

**DECLARATION**

I hereby declare the statements made by me are true to the best of my knowledge and belief. I will fully reveal all circumstances within my knowledge which concern my health and fitness for the appointment for which I am a candidate. I understand I may be invited for a preliminary medical at any stage. I understand a member of a police force who has deliberately made any false statement or omitted information in connection with his or her appointment, commits an offence under the Discipline code, set out in the Police (Discipline) Regulations and is liable to punishment accordingly.

Date

Signature of Applicant

\_\_\_\_\_

\_\_\_\_\_

**5 Are you taking medication - prescribed or not?**  
(excluding medication prescribed for contraceptive purposes)  
If YES, give details

Yes  No

Details

**6 How many days absence have you had from work during the last two years due to illness or accident?**

\_\_\_\_\_ days

**Please provide a copy of your sickness absence record. Which covers the period of your employment as a police officer.**

Give details, including dates and reasons for absence.

Details

**7 Have you any other infection, condition or illness which you have not already mentioned? If YES, give details.**

Yes  No

Details

**8 Is there any family history of congenital disease, heart disease, diabetes, nervous or mental disease or disorders etc? Give details including relationships.**

Details

## 4

## Employment History

*Please Note:  
If you have been, a member  
of H.M.Services, state your  
service number, rank,  
branch, commanding  
officer, full postal address of  
unit and your date of  
discharge.*

Please provide, in sequence with the most recent first, details of any full, part-time or casual employment you have had.

Name and address of employer	Position held and main duties	Dates		Reason for leaving
		Started	Left	

## 5

## Education History

Please enter details of your education from the age of 11.

Name and address of school/college/university	Examination (CSE, GCE, GCSE, Degree etc)	Date	Grade

## Police Career History

Please provide details of all positions held whilst serving as a police officer (dates in full)

Force	Date From	To	Details

# Medical History

Please answer **ALL** the following questions. If you need more space for any answer, please continue on the medical history continuation sheet at page (iv)

The questions in this section enable the Force Medical Officer to decide if you are medically suitable for consideration or if additional medical information is required before reaching a decision.

The information you give here will be treated as confidential.

Family name _____		First name(s) _____	
Age _____	years _____	months _____	Date of Birth _____ Male/Female _____
<b>Height (in bare feet)</b>			
Feet _____	Inches _____	or	cms _____
<b>Weight (in ordinary clothing)</b>			
Stones _____	lbs _____	or	kgs _____

## 1 Have you ever suffered or had treatment for any of the following?

	Yes	No
(a) Asthma, bronchitis, chest disease	<input type="checkbox"/>	<input type="checkbox"/>
(b) Raised blood pressure or disease of the heart or circulation?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Recurrent indigestion, gastric or duodenal ulcer or inflammation of the bowel?	<input type="checkbox"/>	<input type="checkbox"/>
(d) Recurrent ear infection or discharge?	<input type="checkbox"/>	<input type="checkbox"/>
(e) Eye disease including squint?	<input type="checkbox"/>	<input type="checkbox"/>
(f) Any skin disease?	<input type="checkbox"/>	<input type="checkbox"/>
(g) Recurring headache including migraine or dizzy bouts?	<input type="checkbox"/>	<input type="checkbox"/>
(h) Any form of blackout or fit including epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
(i) Rupture, varicose veins or haemorrhoids?	<input type="checkbox"/>	<input type="checkbox"/>
(j) Fractures or injury to joints or tendons?	<input type="checkbox"/>	<input type="checkbox"/>
(k) Any form of arthritis or rheumatism?	<input type="checkbox"/>	<input type="checkbox"/>
(l) Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
(m) Back or spinal trouble including slipped disc or neck problems?	<input type="checkbox"/>	<input type="checkbox"/>
(n) Defective hearing in either ear?	<input type="checkbox"/>	<input type="checkbox"/>
(o) Any form of anxiety state, depression or mental illness?	<input type="checkbox"/>	<input type="checkbox"/>

2 Have you ever undergone any surgical operation or been an in-patient in a hospital?  Yes  No

3 Have you ever lived abroad for more than 3 months?  Yes  No

4 Do you wear spectacles or contact lenses?  Yes  No

If you have answered YES to any of the above questions please give details on the continuation page (iv) Medical History

Ref.no

## 16 Outstanding complaints/disciplinary matters

Please give details of any outstanding or unresolved disciplinary matters or complaints made against you.

Please note your application cannot continue if you have or find yourself subject to any disciplinary matters or complaints, at any stage in the process until they have been satisfactory resolved. You must notify us of any such matters immediately.

## 17 Signature

### DECLARATION

I hereby declare the statements made by me are true to the best of my knowledge and belief. I will fully reveal all circumstances within my knowledge which concern my health and fitness. I understand I may be invited for a preliminary medical at any stage. I understand a member of a police force who has deliberately made any false statement or omitted information in connection with his or her appointment, commits an offence under the Discipline code, set out in the Police (Discipline) Regulations and is liable to punishment accordingly.

Date

Signature of Applicant

I authorise my current employer

Police Constabulary to forward to Greater Manchester Police a copy of my personal file, including sickness records and last appraisals/performance reviews if required. These details can be obtained from the following Personnel Unit

Telephone number:

Date

Signature of Applicant



## Other Information

- Preferences for postings in GMP: 1. ....
2. ....
3. ....

Qualifications you wish to be accredited by GMP:

Police courses you wish to be accredited by GMP:

Other qualifications held which are relevant:

Role Preferences/Career Aspirations:

Have you been the subject of CTC vetting or other level of vetting? If YES give details

## 14 Financial Position

Are you currently in arrears of any loan or account?  
If YES give details

Yes

No

Is there now, or has there previously been, any court action taken against you for any debt or has a court/tribunal judgement been made against you?

If YES give details

Yes

No

Have you ever had a credit card/credit facility withdrawn?  
If YES give details

Yes

No

## 15 Self defined ethnicity

White

White British   
White Irish   
Any other White background

Asian or Asian British

Indian   
Pakistani   
Bangladeshi   
Any other Asian background

Mixed

White and Black Caribbean   
White and Black African   
White and Asian   
Any other mixed background

Black or Black British

Caribbean   
African   
Black other

Chinese or other ethnic group

Chinese   
Other ethnic group

A large, empty white rectangular area, likely a placeholder for a table or form content. The area is completely blank and occupies the majority of the page below the header.

Please explain, with examples, how your current experience, skills and abilities relate to the competencies detailed.

**i) Planning and organising**

Plans and carries out activities in an orderly and well structured way. Prioritises tasks, using time to best effect, and works within appropriate policies and procedures.

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**ii) Maximising potential**

Encourages others to learn and develop giving them clear and direct guidance and feedback on their performance. Encourages and supports staff, making sure they are motivated to achieve results.

**iii) Effective communication**

Communicates needs, instructions and decisions clearly, both verbally and in writing. Adapts communication style to meet the needs of the audience. Uses probing questions to check understanding.

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**iv) Resilience**

Demonstrates reliability and resilience in difficult circumstances. Remains calm and confident and reacts logically and decisively in testing situations.

## 11 Family Details continued

### (e) Children or stepchildren

Family name
Previous family name
First name(s)
Date and place of birth

Family name
Previous family name
First name(s)
Date and place of birth

Family name
Previous family name
First name(s)
Date and place of birth

Family name
Previous family name
First name(s)
Date and place of birth

## 12 Convictions/Cautions

Have you ever been convicted for any offence (including cautions and appearances before a court martial) or formal cautions by the police for any offence (including cautions as a juvenile) or any bind-overs imposed by any court. Yes  No

If yes, please give details. You must also include spent convictions under the Rehabilitation of Offenders Act 1974 (by virtue of the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975).

Date	Offence	Result

## Family Details continued

### (c) Husband/Wife/Cohabitee\*

Family name now  
\_\_\_\_\_

Family name at birth  
\_\_\_\_\_

Previous family name(s)  
\_\_\_\_\_

First name(s)  
\_\_\_\_\_

Date and place of birth  
\_\_\_\_\_

Date and place of marriage  
*(if applicable)*  
\_\_\_\_\_

Nationality now:  
\_\_\_\_\_

Nationality at birth  
*(if different)*  
\_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation  
\_\_\_\_\_

\*delete as applicable

### (d) Spouse's / Partner's Parent's\*

Father
Family name now _____
Family name at birth _____
Previous family name(s) _____
First name(s) _____
Date and place of birth _____
Nationality now _____
Nationality at birth _____
Address _____ _____ _____
Occupation _____

Mother
Family name now _____
Family name at birth _____
Previous family name(s) _____
First name(s) _____
Date and place of birth _____
Nationality now _____
Nationality at birth _____
Address _____ _____ _____
Occupation _____

\*delete as applicable

**v) Problem solving**

Gathers information from a range of sources to understand situations, ensuring it is reliable and accurate. Analyses data to identify key issues and problems. Identifies and considers alternative courses of action to make sound decisions.

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**vi) Community and customer focus**

Provides a high level of service to customers. Maintains contact with customers, establishes their needs and responds to them. Is conscious of issues of diversity and understands and is sensitive to cultural and racial differences.

### vii) Respect for diversity

Understands and empathises with the perspectives of others and takes them into account. Tactful and diplomatic in dealing with people. Treats people with dignity and respect at all times regardless of background, status, circumstances or appearance.

## 10 Referees

Please provide details of your current Senior Commander and one other officer who will be asked to comment on your performance as a police sergeant.

Name:	Rank	Address	Telephone number:

# Family Details

(a) Your Parents, where appropriate provide details of stepparents on the continuation page

Father	Mother
Family name now	Family name now
Family name at birth	Family name at birth
Previous family name(s)	Previous family name(s)
First name(s)	First name(s)
Date and place of birth	Date and place of birth
Nationality now	Nationality now
Nationality at birth	Nationality at birth
Address	Address
Occupation	Occupation

(b) Brothers/Sisters please use continuation page if more than two brothers/sisters or step brother/sisters

Brother/Sister*	Brother/Sister*
Family name now	Family name now
Family name at birth	Family name at birth
Previous family name(s)	Previous family name(s)
First name(s)	First name(s)
Date and place of birth	Date and place of birth
Nationality now	Nationality now
Nationality at birth	Nationality at birth
Address	Address
Occupation	Occupation

\*delete as applicable