



YMDDIRIEDOLAETH GIG GWASANAETH AMBIWLANS CYMRU  
WELSH AMBULANCE SERVICES NHS TRUST

---

# Community First Responder Membership Application

---

For return to the:  
Regional First Responder Office  
2<sup>nd</sup> Floor  
Finance Building  
Old Lansdowne Hospital site  
Sanatorium Rd  
Cardiff  
CF11 8PL  
Telephone 02920 932917

*As a public organisation, the Trust has a statutory requirement to offer a bilingual service in accordance with the Welsh Language Act 1993.*

Should you have any enquiries regarding the provision of bilingual services please contact Sharon Jones at Headquarters on 01745 532900 or via email to [Sharon.I.jones@ambulance.wales.nhs.uk](mailto:Sharon.I.jones@ambulance.wales.nhs.uk).

## COMPLETION INSTRUCTIONS

The form must be completed in blue or black ink.

Please complete all questions as indicated placing an x in the relevant box.

## ESSENTIAL CRITERIA

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| I possess basic literacy skills (English)       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| I possess basic numeracy skills (English)       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| I am 18 years of age or over                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| I possess a valid driving licence               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| I have access to a vehicle                      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| I agree to have the appropriate inoculations    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| I agree to Criminal Records Bureau (CRB) checks | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

*Please Note: If you answer NO to any of the above you will not be able to proceed with your application.*

## PERSONAL DETAILS

Title: Dr/Mr/Mrs/Miss/Ms (delete as necessary)

Forename(s):

Surname:

Date of Birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Gender: Female

Male

Flat/House Number:

Street

Town/City:

County:

*As a public organisation, the Trust has a statutory requirement to offer a bilingual service in accordance with the Welsh Language Act 1993.*

Should you have any enquiries regarding the provision of bilingual services please contact Sharon Jones at Headquarters on 01745 532900 or via email to [Sharon.I.jones@ambulance.wales.nhs.uk](mailto:Sharon.I.jones@ambulance.wales.nhs.uk).

Postcode:

Daytime Telephone Number (inc STD):

Evening Telephone Number:

Email Address:

Next of Kin:

Relationship:

Emergency Contact Number (inc STD):

Welsh language Ability

Fluent

Basic

None

Are you a Registered Disabled Person:

Yes

No

If yes, please give details below:

*As a public organisation, the Trust has a statutory requirement to offer a bilingual service in accordance with the Welsh Language Act 1993.*

Should you have any enquiries regarding the provision of bilingual services please contact Sharon Jones at Headquarters on 01745 532900 or via email to [Sharon.I.jones@ambulance.wales.nhs.uk](mailto:Sharon.I.jones@ambulance.wales.nhs.uk).

**PERSONAL DETAILS**

Driver No:

Issue No:

Type of Licence:

Full  Provisional

Date Driving Test Passed:

     

Valid From:

     

Valid To:

     

Vehicle Groups:

B  C1  C1E  D1  D1E

Convictions

Yes  No

If yes, please supply details:

Date of Conviction	Number of Points	Offence Code	Disqualification Period

**VEHICLE DETAILS**

Make of Vehicle:

Model of Vehicle:

Registration No:

Registered To:

*As a public organisation, the Trust has a statutory requirement to offer a bilingual service in accordance with the Welsh Language Act 1993.*

Should you have any enquiries regarding the provision of bilingual services please contact Sharon Jones at Headquarters on 01745 532900 or via email to [Sharon.I.jones@ambulance.wales.nhs.uk](mailto:Sharon.I.jones@ambulance.wales.nhs.uk).

Name of Insurance Company:

Insurance Company Address:

Policy Number:

Insurance Expiry Date

     

Insurance Type:

Third Party

Third Party Fire & Theft

Fully Comprehensive

MOT Certificate Number:

MOT Expiry Date:

     

## EMPLOYMENT HISTORY

Are you currently employed?

Yes  No

If yes, have you informed your current employer of this application?

Yes  No

***Please note:***

*Employers have been known to support local Community First Responder Teams by releasing volunteers for short periods of the working day, to attend emergencies when volunteers are called upon to do so.*

*As a public organisation, the Trust has a statutory requirement to offer a bilingual service in accordance with the Welsh Language Act 1993.*

Should you have any enquiries regarding the provision of bilingual services please contact Sharon Jones at Headquarters on 01745 532900 or via email to [Sharon.I.jones@ambulance.wales.nhs.uk](mailto:Sharon.I.jones@ambulance.wales.nhs.uk).

**FURTHER DETAILS**

Please state any information that you believe is relevant to your application to join the Welsh Ambulance Services First Responder Initiative:

**REFERENCES**

Two character references are required and will be contacted prior to interview

<p>1.</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Tel No: 01 _____</p> <p>Email Address: _____</p> <p>_____</p> <p>Time Known (Years) _____</p>	<p>2.</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Tel No: 01 _____</p> <p>Email Address: _____</p> <p>_____</p> <p>Time Known (Years) _____</p>
---	---

*As a public organisation, the Trust has a statutory requirement to offer a bilingual service in accordance with the Welsh Language Act 1993.*

Should you have any enquiries regarding the provision of bilingual services please contact Sharon Jones at Headquarters on 01745 532900 or via email to [Sharon.I.jones@ambulance.wales.nhs.uk](mailto:Sharon.I.jones@ambulance.wales.nhs.uk).

## DECLARATIONS

You will be required to sign the following declaration at interview:

### Essential Criteria

I hereby certify that I am 18 years of age and above which is the acceptable lower age range to participate as a volunteer in the AEFR initiative.

Upon reaching retirement age of 65 years of age annual medical screening checks with the local Occupational Health Provider will be a requirement to ensure that I am capable of continuing my duties as a volunteer.

### Medical Screening

I understand that prior to my acceptance into an Alternative Emergency First Responder team, I will undergo a medical screening, which will comprise of a medical questionnaire and possible subsequent physical examination.

I understand that this application does not guarantee enrolment into the Alternative Emergency First Responder scheme and that a personal interview, completion of the health check questionnaire and vehicle inspection (*where applicable*) is necessary before acceptance into the scheme.

### Vehicle

I certify that my vehicle complies with the high standards of the Welsh Ambulance Services NHS Trust with specific regard to: a current Insurance Certificate, a current Ministry of Transport Certificate, a current road fund licence, and a full valid British driving licence.

I understand that the Welsh Ambulance Services NHS Trust does not accept any responsibility for liability for damage or injuries arising from Road Traffic accident and that I must notify the Regional First Responder Officer of any changes to circumstances previously stated on this application form. In addition, I agree to maintain the vehicle in a lawful and serviceable state of readiness and will not attach additional visual/audible warnings to the vehicle nor will I misuse existing devices, this being contrary to the Road Traffic Act 1988, Section 38, and the Highway Code (Department of Transport).

I agree to maintain the vehicle in line with the Road Traffic Act 1988.

### Disability Information

The Trust is mindful of its obligations within the Disability Discrimination Act 1996 and operates under the Positive about Disabled People Scheme. The Trust welcomes applications from people with disabilities and guarantees an interview to people with disabilities if they meet the essential requirements for the position.

I have a disability and would like to be given a guaranteed interview under your commitment to the Positive about Disabled People Scheme (please indicate).

Yes  No

Are there any special needs or equipment you would need to come to an interview?

Yes  No

If yes please give us details overleaf :

*As a public organisation, the Trust has a statutory requirement to offer a bilingual service in accordance with the Welsh Language Act 1993.*

Should you have any enquiries regarding the provision of bilingual services please contact Sharon Jones at Headquarters on 01745 532900 or via email to [Sharon.I.jones@ambulance.wales.nhs.uk](mailto:Sharon.I.jones@ambulance.wales.nhs.uk).

Disability Information continued

Criminal Convictions

The Welsh Ambulance Services NHS Trust is becoming increasingly aware of cases in which individuals, whether there are children, the infirm, the disabled or the elderly are being subjected to unprofessional conduct and abuse.

Therefore, in light of this, the Government has taken steps to introduce screening procedures for statutory bodies and other bodies recruiting people who work with people within these categories. One of the steps the Government has taken is to require that those working with individuals within these groups must disclose all criminal convictions.

The Welsh Ambulance Services NHS Trust requires to be fully informed of the background of all those who Work with it and accordingly require a signed declaration from Alternative Emergency First Responder Team members.

I hereby declare and represent that, save as disclosed below, I have not at any time either within the United Kingdom or abroad been cautioned or found guilty by a Court of any offence, nor bound over, placed on probation or discharged either conditionally or absolutely in relation to such offences.

I understand that because my duties with the Welsh Ambulance Services NHS Trust encompasses work set out in paragraphs 4, 12, 13 and 14 of Part 2 to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, (i.e. certain vulnerable people) any convictions which are 'spent' under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed.

I also fully understand that failure to disclose in full the matters required to be disclosed in this declaration will result in immediate suspension from the first Response Scheme with the likelihood of termination of that membership.

I consent to references being sought by the Welsh Ambulance Services NHS Trust for the purposes of verifying replies given in this declaration, including enquiries of any relevant authority.

I understand that my application will not be considered if I with hold my consent.

Do you have anything to declare/disclose? Yes  No

Date	Offence	Penalty

*As a public organisation, the Trust has a statutory requirement to offer a bilingual service in accordance with the Welsh Language Act 1993.*

Should you have any enquiries regarding the provision of bilingual services please contact Sharon Jones at Headquarters on 01745 532900 or via email to [Sharon.I.jones@ambulance.wales.nhs.uk](mailto:Sharon.I.jones@ambulance.wales.nhs.uk).

Rehabilitation of Offenders Acts 1974 (Exceptions Order 1975)

As the nature of the work for which you are applying involves contact with people who are receiving a health service, we are obliged to ask you to disclose any convictions you may have.

Please note that under the above Act and its subsequent amendments, you are not entitled to withhold information about convictions, which, for other purposes, may be considered spent. Failure to disclose such information may result in dismissal or disciplinary action

Have you any convictions to disclose, please note Disclosures contain details regarding Military convictions, convictions (including spent convictions), cautions, reprimands and warnings held on the Police National Computer (PNC)?

Have you ever been bound over by a County Court or given a Police Caution?      Yes       No

Are there any criminal proceedings pending against you?      Yes       No

In addition, you must complete an enhanced CRB check

Equality and Diversity

The Welsh Ambulance Services NHS Trust recognises the importance of equality of opportunity and diversity and aims to ensure that no employee, job applicant or patient shall receive more or less favourable treatment on the grounds of race, religion, ethnic or national origin, gender, sexual orientation, disability, domestic circumstances or social or employment status, health status, age, political affiliation or recognised trade union membership.

I confirm that the information given in this application is correct. I understand that canvassing or failure to disclose a relationship to a Director/non-executive/Trust Board member or manager may disqualify me from being considered. I also understand the appointment is subject to satisfactory Police and/or Medical clearance and References. If appointed. I undertake to make known to my Manager any change in the above information, which may occur after this date: I certify my vehicle complies to the high standards of the Trust with regard to valid insurance, MOT and Road Tax.

Full Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date:

D	D	M	M	Y	Y
---	---	---	---	---	---