



"Committed to Excellence"

Sovereign Base Areas

POLICE

SBA POLICE APPLICATION FORM

Applicant's full name:

The completed form must reach the SBA Police Training and Recruitment Department, Dhekelia BFPO 58 not later than **27th September 2007**.

A cheque for CY£ 20.00 must be sent with this form. The cheque (Postal Orders will not be accepted) should be made payable to 'Public Sub Account HMG 00859503'. Cash must be handed over by hand.

Be advised that the information you give in this form must be correct. If it is not you may be rendered as ineligible.

- Answer all questions, write N/A where inapplicable.
- Write clearly and tick boxes where appropriate.
- Sign the declaration at the end.

FOR OFFICIAL USE ONLY

Date Received: ____ / ____ / ____

Received by:

Cheque

No. Bank:

Cash

Receipt No. Signature:

PTD STAFF ONLY

Date Received by PTD: ____ / ____ / ____ Received by:

Accepted Rejected

Reason for Rejection:

Signature:

1. APPLICANTS DETAILS

Surname: Middle name: Forename:
Address: Area/Village:
Town: Postcode:
Country: e-mail:
Telephone Nos. Mobile: Home:
Identity Card No: National Insurance No.
Date of Birth: Age: Place of Birth:
Nationality:

Full Driver's Licence: Yes No Place Issued: Number:
Gender: Male Female Marital Status:

2. FAMILY DETAILS

Father's Name: Nationality:
Identity Card No: Date of Birth: Place of Birth:
Telephone:

Mother's Name: Surname at Birth:
Nationality: Identity Card No:
Date of Birth: Place of Birth:
Telephone:

Spouse/Partner's Full Name: Surname at Birth:
Nationality: Identity Card No:
Date of Birth: Place of Birth:

3. PRESENT OR MOST RECENT EMPLOYMENT DETAILS

Employer's Name and Address:
Dates From: Until: Position Held:
Brief Description of Duties:
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4. EDUCATION DETAILS

A. Secondary School

Place of Study	Dates from/to	Qualifications & Grades

B. Higher Education Qualifications

Institution	Dates from/to	Qualifications Gained

5. Do you have other skills/ qualifications that you would like to bring to our attention?

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6. If you have previously served in any other Police Service please give details below:

Police Service:

Rank: Service Period From: Until:

Department History:

7. DETAILS OF SERVICE IN ARMED FORCES

Service No: Rank:

Unit:

Service From: To:

In case of National service, if discharged earlier than normal discharge date please give details below.

Date of discharge: Reason for discharge:

8. PREVIOUS CONVICTIONS

Please enter below details of convictions for any offence (including traffic convictions and appearances before a court or court martial) imposed by any court in any country.

If you have been convicted or cautioned you may still be eligible for appointment depending on the nature and circumstances of the offence. However failure to disclose details will count against you. You should also give details of any summons or charge at present outstanding against you.

Date	Name of Court	Offence(s)	Result

Have you been involved in any civil court proceedings? Give details.

Date	Court & Civil case No	Dispute under Judicial Investigation	Result

9. MEDICAL HISTORY

The questions in this section enable the Chief Medical Officer to decide if you are medically suitable for consideration or if he/she requires additional medical information before reaching a decision

Surname: _____ Forenames: _____

Age: _____ Gender: _____ Height: _____ (Metres)

Weight: _____ Kgs

Please answer all the following questions.

A. Have you ever suffered from any of the following? Please state YES or NO and if YES give the details required.

	YES or NO	Nature of illness and treatment	Dates	
			From	To
Fever				
Enlargement of glands				
Spitting blood				
Asthma				
Bronchitis				
Pleurisy				
Inflammation of the lungs or tuberculosis				
Heart disease				
Fainting attacks				
Appendicitis				
Other abdominal disorders				
Dyspepsia				
Diarrhoea				
Discharge from the ear				
Hearing defect				
Venereal disease				
Skin disorder				
Rheumatism				
Arthritis				
Recurring headaches				

	YES or NO	Nature of illness and treatment	Dates	
			From	To
Migraine				
Any nervous disease				
Any mental, psychiatric or phobic illness				
Epileptic fit				
Convulsions				
Peptic, gastric or duodenal ulcer				
Injury to bones, tendons or joints				
Enuresis (bed wetting)				
Varicose veins				
Squint or other morbid condition of the eyes or eyelids				
Any allergic disorder				
Any congenital or acquired malformation defect or deformity of eyelids				

B. Have you ever been medically examined as follows?

	YES or NO	Result of medical examination
For life insurance		
By any government medical officer, civil or military		

C. Have any of your close relatives suffered from the following?

	YES or NO	Relationship
Tuberculosis		
Asthma		
Epileptic fit		
Nervous disease		
Mental, psychiatric or phobic illness		

D. Please answer the following:

	YES or NO	Nature of illness and treatment	Dates	
			From	To
Have you ever had a surgical operation?				
Have you ever been an in-patient in Hospital?				
Have you ever been prescribed any medication/drugs by your doctor during the past 5 years?				
Are you currently receiving any form of medical supervision or treatment?*				

** Candidates need not declare medication or treatment prescribed solely for contraceptive purposes*

E. Do you wear the following?

	YES or NO	If YES, please enclose the information required
Vision aids (spectacles or contact lenses)		Optician's certificate showing the acuity (keenness) of vision in each eye and both eyes together with and WITHOUT artificial aids (Snellens test). The acuity of unaided vision must not be less than 6/24 in each eye. *
Dentures		A brief note from your dental surgeon describing their extent, for the information of our consulting dental information

** Candidates who have had a Radial keratomy operation to correct eyesight will not be accepted*

F. Please answer the following:

	YES or NO	Daily Consumption
Do you smoke?		
Do you drink alcohol?		

G. Do you have any other infection, condition or illness which you have not already mentioned?

YES or NO	

10. Do you consent to medical information held by your Doctor or Hospital being made available to our Chief Medical Officer?

YES NO

If NO give reason:

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**SUCCESSFUL APPLICANTS WILL BE REQUIRED TO UNDERGO
A FULL MEDICAL EXAMINATION**

DECLARATION

I declare that the statements I have made on this form are true to the best of my knowledge and belief. I will fully reveal to the Chief Medical Officer everything I know about my health and fitness for the appointment for which I am a candidate.

I enclose a cheque payable to 'Public Sub Account HMG 00859503' for the sum of £20.00 for administration charges.

Date: Signature of Applicant:

Note to applicant

1. Information supplied on this form may be held on computer and candidates are advised that in processing this application, background enquiries may be made.
2. The Chief Constable retains the right to reject any applicant without giving a reason and his decision is final.
3. Check all your answers to all questions. If you need to make alterations, draw a single line through your answer and insert the correct answer, which should be signed and dated.
4. An A4 Copy of the following documents must be attached to this application form:
 - a. Birth Certificate
 - b. Identity Card (both sides)
 - c. Passport
 - d. School Graduation Certificate(s)
 - e. Higher Educations Certificate(s)/ Diploma(s)
 - f. National Service Certificate
 - g. Copy of Driving Licence
5. For further information contact Police Training & Recruitment Department personnel on telephone number: 24-744520/ 24-744521