



## **TYNE AND WEAR FIRE CADETS APPLICATION FORM**

TWFRS has 7 Fire Cadet Units throughout Tyne and Wear. They run at various locations on an evening from 18:00. Applications are welcomed from all young people between the ages of 13 – 17.

The purpose of the scheme is to provide training and development opportunities through Fire and Rescue Service related activities. Members can join when aged between 13 and 17 years, from the communities of Tyne and Wear. At each unit there are two staff members and usually a volunteer.

Similar to real firefighters the role structure within Fire Cadets is as follows:

- Fire Cadets - 13 -17 years old;
- Leading Fire Cadet (Crew Manager)
- Senior Fire Cadet (Watch Manager)
- Community Volunteer. Aged 18 +, subject to vacancy, successful application, interview and DBS check.

Fire cadets are encouraged to take part in social action activities in the community for the benefit of the community at open days, summer fairs and Community Safety events. Opportunities arise for members to meet other units within Tyne and Wear, as well other Youth groups and Cadets from other emergency services.

Fire Cadets encourages members to make the most of their physical and mental capabilities and to become more responsible, safer and caring members of their communities.

**Please return to: Tyne and Wear Fire and Rescue Service – Prevention  
and Education Department - Service Headquarters - Nissan Way -  
Sunderland - SR5 3QY - Tel Enquiries - 0191 4441500**

**TO BE COMPLETED BY PARENT/CARER**

NAME IN FULL:.....

DATE OF BIRTH:..... AGE:.....

NAME OF PARENT/CARER:.....

ADDRESS.....

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.....  
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CONTACT TELEPHONE NO:.....

SCHOOL/PLACE OF STUDY ADDRESS:.....

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CONTACT TELEPHONE NO:.....



## TYNE & WEAR FIRE & RESCUE SERVICE MONITORING FORM

Tyne & Wear Fire Service is committed to developing positive policies to promote equal opportunities and prohibit unlawful or unfair discrimination on the grounds of sex, race, ethnic or national origin, colour, marital status, disability, age, sexual orientation or religion.

The information required below is for monitoring purposes only and is required by the Department for Communities and Local Government (DCLG) on an annual basis. You are not obliged to complete this form, however, your assistance with the completion of the form would be appreciated. The information that you give will help us ensure that the information we provide is accurate.

**PLEASE COMPLETE THE FIRST PART OF THIS FORM EVEN IF YOU CHOOSE NOT TO DECLARE ETHNIC ORIGIN.**

<b>Gender</b> <i>Please tick one of the following (3)</i>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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<b>1. Disability</b> <i>Please tick one of the following (3)</i>	
I consider myself to have a disability <input type="checkbox"/>	I do not have a disability <input type="checkbox"/>

An impairment is to be taken to affect the ability of the person concerned to carry out normal day to day activities only if it affects one on the following:

- (a) mobility
- (b) manual dexterity
- (c) physical co-ordination
- (d) continence
- (e) ability to lift, carry or otherwise move everyday objects
- (f) speech, hearing or sight
- (g) memory or ability to concentrate, learn or understand; or
- (h) perception of the risk of physical danger.

That effect must be:

- Substantial (that is, more than minor or trivial), and
- Adverse, and
- Long term (that is, it has lasted or is likely to last a year or for the rest of the life of the person affected)

<b>Ethnic Origin</b>				
<i>Please Tick one of the following (3)</i>				
<b>WHITE</b>	<b>ASIAN OR BRITISH</b>	<b>ASIAN</b>	<b>CHINESE</b>	<b>MIXED</b>
British <input type="checkbox"/>	Indian <input type="checkbox"/>	<input type="checkbox"/>	Chinese <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>
Irish <input type="checkbox"/>	Pakistani <input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>	White & Black African <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>		Bangladeshi <input type="checkbox"/>
				White & Asian <input type="checkbox"/>
				Other <input type="checkbox"/>
<b>OTHER</b>				
I do not wish to declare my ethnic origin <input type="checkbox"/>				

Thank you very much for your help in completing this questionnaire.

**PLEASE NOTE THIS INFORMATION IS CONFIDENTIAL**