

**NATIONAL JOINT COUNCIL FOR LOCAL AUTHORITY  
FIRE AND RESCUE SERVICES**

**CONTINUAL PROFESSIONAL DEVELOPMENT PAYMENT SCHEME**

**APPLICATION FORM**

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***Please complete this form clearly and legibly using black ink.***

You should complete this form in conjunction with the "Guidance Notes for Applicants".

**PERSONAL DETAILS**

**Name:**

**Role:**

**Employee Pay Number:**

**Date at which you attained competent level in your current role:**

**Date of enrolment:**

**Note: Details of the criteria in respect of each national standard are contained in the *Guidance for Applicants* document.**

**National Standard (i) PROFESSIONAL COMPETENCE**

**Summarise your achievements under each of the criteria in order to demonstrate your continual professional development in each area, using specific examples where appropriate:**

**Professional Competence**

**Assessor's comments on the summary provided by the applicant:**

**National Standard (ii) COMMITMENT TO THE JOB**

**Summarise your achievements under each of the criteria in order to demonstrate your continual professional development in each area, using specific examples where appropriate:**

**Commitment to the job**

**Assessor's comments on the summary provided by the applicant:**

**National Standard (iii) RELATIONS WITH PUBLIC AND COLLEAGUES**

**Summarise your achievements under each of the criteria in order to demonstrate your in each area, using s continual professional development specific examples where appropriate:**

**Relations with public and colleagues**

**Assessor's comments on the summary provided by the applicant:**

**National Standard (iv) WILLINGNESS TO LEARN AND ADJUST TO NEW CIRCUMSTANCES**

**Summarise your achievements under the criteria in order to demonstrate your continual professional development in each area, using specific examples where appropriate:**

**Willingness to learn and adjust to new circumstances**

Assessing officer's comments on the summary provided by the applicant:

**I duly apply for the continual professional development payment**

Signed \_\_\_\_\_  
(Applicant)

Date \_\_\_\_\_

**Assessor's Comments**

The applicant has served for the minimum period required at the competent level for his/her current position  
YES  NO

The summaries above are indicative of the applicant's performance. I confirm that the applicant has demonstrated sufficient continual professional development under

- Professional competence and results YES  NO
- Commitment to the job YES  NO
- Relations with the public and colleagues YES  NO
- Willingness to learn and adjust to new circumstances YES  NO

**Delete as applicable:**

I confirm that the applicant has demonstrated sufficient continual professional development and should be awarded a continual professional development payment.

or

I confirm that the applicant has not demonstrated sufficient continual professional development and should not be awarded a continual professional development payment.

Signed \_\_\_\_\_

Role \_\_\_\_\_ Date \_\_\_\_\_

**If your assessment indicates that the required level of high professional competence has not been achieved under one or more of the national standards, a separate sheet should be attached detailing the reasons why and areas for improvement.**

**Verifier's Comments**

I have reviewed the Assessor's assessments YES  NO

Based on the information provided, the applicant should receive the continual professional development payment YES  NO

**An applicant must have demonstrated high professional competence under each of the national standards to qualify for the payment.**

Signed \_\_\_\_\_

Role \_\_\_\_\_ Date \_\_\_\_\_

**If the application is not approved, or if you have disagreed substantively with the assessment made by the assessor a separate sheet should be attached detailing the reasons why and, where appropriate, your comments on areas for improvement.**