

GUIDANCE ON HOW TO COMPLETE AVAILABILITY FORM 124a

Name: (Please enter your name)

Station you are applying to: (Name of fire station you are applying to)

		Week One						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	0:00							
	01:00							
	02:00							
	03:00							
	04:00							
	05:00							
Morning	06:00							
	07:00							
	08:00							
	09:00							
	10:00							
	11:00							
Noon	12:00							
	13:00							
	14:00							
	15:00							
	16:00							
	17:00							
Evening	18:00							
	19:00							
	20:00							
	21:00							
	22:00							
	23:00							
	00:00							

		Week Two						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	0:00							
	01:00							
	02:00							
	03:00							
	04:00							
	05:00							
	06:00							
	07:00							
	08:00							
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	15:00							
	16:00							
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	20:00							
	21:00							
	22:00							
	23:00							
	00:00							

NUMBER OF HOURS AVAILABLE PER WEEK = eg 60 hours as above (please state number of hours you are willing to give as per the example above)

Signature: (please complete)

Date: (Date form completed)

Name:.....

Station you are applying to:.....

		Week Three						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	0:00							
	01:00							
	02:00							
	03:00							
	04:00							
	05:00							
	06:00							
	07:00							
	08:00							
	09:00							
Noon	10:00							
	11:00							
	12:00							
	13:00							
	14:00							
	15:00							
	16:00							
	17:00							
	18:00							
	19:00							
Evening	20:00							
	21:00							
	22:00							
	23:00							
	00:00							
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

		Week Four						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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19:00								
20:00								
21:00								
22:00								
23:00								
00:00								
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please shade the boxes for when you would be available for duty.

CUMBRIA FIRE & RESCUE SERVICE - ON CALL FIREFIGHTER AVAILABILITY FORM 124a

Name: **KATIE SMITH** Station you are applying to: **WORKINGTON**

Are you currently a: Classified Radiation worker ☐ Licensed Asbestos worker ☐
(Please tick box)

Week One

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0:00							
01:00							
02:00							
03:00							
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23:00							
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Week Two

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0:00							
01:00							
02:00							
03:00							
04:00							
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00:00							

Please shade in the boxes to illustrate the pattern of work you can commit to and return with your application form. Use 'Week One' if you have the same availability each week. Use the extra weeks if your availability changes, for example due to changing shift patterns. The information you provide in relation to the pattern of work will be discussed with you if you are selected for interview.