Staffordshire Police 30 + SCHEME

Application to re-join the service as an officer on the 30 + Scheme

This form should be completed 3 months prior to your anticipated retirement date, and in conjunction with the following form;

- Agreement to Participate incorporating Election under Police Pensions Regulation G4
- RES 1 (attached) to be completed with application and attached

Section A -to be completed by police officer applicant

Full Name:			
Collar No:	Age:	DOB:	
Home Address:			
Div/Dept.:			
Current Rank:			
Current Role:			
Current Duties:			
Anticipated date of commencement on 30+ Scheme:			
Length of pensionable service on that date:			
Anticipated date of retirement:			
Please tick as appropriate:	Y	es No	o
Have you completed a recent PDR?]
Date completed:			
Please tick as appropriate:	Ye	s No)
Are you in receipt of a Competence Related Threshold	Payment _]
Please tick as appropriate:	Y	es No	0
Do you currently reside in a police house?	[

Appendix 1.

Declaration					
I would like to apply to join the 30+ Retention Scheme after having completed 30 years pensionable service. I understand that to do this I must retire and rejoin the service after a minimum of one day in retirement, and in doing so will lose any housing/rent allowance benefit (if currently in receipt of this). I understand that my application is subject to an Occupational Health Assessment and completion of Annex A Election under Police Pensions Regulation G4. I understand that to be selected I must be assessed as fully competent and committed to further service, and found by Occupational Health to be in satisfactory health for the purposes of the proposed appointment. I further acknowledge that I am aware of the financial implications involved in my re-engagement under the 30+ scheme and that I have been advised of the need to take independent financial advice if I am in any doubt about these implications.					
Name:					
Signed:	Date:				
Section B -to be completed by Line Manager (Post is in accordance with principles of Project Liberate).					
Comments by Line Manager					
Name:	Date:				
Signed:	Position:				
Section C –to be completed by Divisional Human Resources Manager					
Checks by Divisional Human Resources Manag	er				
(Post is in accordance with principles of Project	t Liberate)				
Please tick to confirm that Officer's absence record has been attached					
Please tick to confirm that officer has completed 30 years pensionable service					
*Comments regarding officer's conduct/disciplinary record:					
Name:	Date:				
Signed:	Position:				
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proceedings for serious breaches; or are subject to Unsatisfactory Performance Procedures.

*Officers will not be eligible for consideration if they have current disciplinary sanctions on file, or are facing conduct

^{2.}

Section D -to be completed by Divisional Commander / Department Head

Div/Dept. Recommendation This officer is *recommended / not recommended for re-engagement, subject to an Occupational Health Assessment. * Please delete as appropriate **Please note that for officers above the rank of chief inspector a business case will need to be submitted by the force to the NPIA for consideration in light of the general implications of the scheme. Business case should include information such as specialist nature of role, nature of duties involved, specialist qualifications / skills / experience, significant training investment or any recruitment difficulties etc. (See Guidance Notes). Comments / **Business Case for Retention (Post is in accordance with principles of Project Liberate) Please continue on a separate sheet if required. Name: Date: Signed: Position: Completed forms to be returned to Divisional Human Resources Manager who will complete a referral to

the Occupational Health, Safety and Welfare Unit to determine if the applicant is medically suitable for the role.

Section F - to be completed by Divisional Human Resources Manager

Actions by Divisional Human Resources Manager			
Report forwarded to Occupational Health, Safety and Welfare		Date:	
Reply received from Occupational Health, Safety and Welfare (attach copy)		Date:	
Officer medically suitable for role proposed under 30+ scheme		Yes/No	
Res 1 form to be sent immediately to Resource and Rewards Officer (Forward to the Director of Resources for decision)		Yes/No	
Name:	Date:		
Signed:	Position:		

Section F – to be completed by Director of Resources				
Director of Resources Decision				
This officer *should / should no	ot be re-engaged.			
	n ve ve engagea.			
Comments:				
(Forward to Divisional Human Po	securees Manager and a convite h	e sent to Resource and Rewards Officer in order		
that pension calculations can com	-	e sent to resource and rewards Officer in order		
	- .			
Name:	Date:			
Signed:	Position:			
* Please delete as appropriate				
Section G – to be completed by	by Divisional Human Resource	s manager		
From Divisional Human Rese	ources manager to Payroll M	lanager and Resource and Rewards		
This officer has been approved	d for retention on the 30+ sche	me		
The officer will retire on	Date:			
		/M - (1) - 1 (1 - (5 - (1 - 1 - (1 - 1 - (1 - (1		
The officer will return on	Date:	(Must be date of attestation ceremony)		
Please make necessary pension	on and salary arrangements			
Officer informed of the decision	n	Date:		
Attestation ceremony arranged for		Date:		
Copy of documentation forwarded to Resource and Rewards Officer, Police HQ Date:				
Name:	Date:			
Signed:	Position:			
* Please delete as appropriate				

Appendix 1.