[](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjUkJ39iPTUAhUIVxoKHYJ5BXMQjRwIBw&url=https://www.bqf.org.uk/how-we-do-it/case-studies/greater-manchester-fire-and-rescue-services/&psig=AFQjCNG9q2IKnIO58NRTac_s55gOIGIZSA&ust=1499410343567050)

**GREATER MANCHESTER FIRE & RESCUE SERVICE**

**IST Transferable Skills and Qualifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIRE SERVICE CAREER** | | | | |
| **Which F&R Service?** | **Primary Contract?**  *(WT/On Call/*  *Retained)* | **Length of Service** | **WT recruits course completed**  **Y/N** | **Length of recruits’ course** |
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| **CURRENT/ EXPIRED FIRE SERVICE QUALIFICATIONS** | | | | | |
| **Qualification / Course** | **Awarding Body** | **Date passed** | **Expired**  **Yes/No** | **Date Expired** | **Desire to do/ continue**  **Yes/No** |
| **Driving Licence** |  |  |  |  |  |
| **EFAD** |  |  |  |  |  |
| **EFAD refresher** |  |  |  |  |  |
| **Hydraulic Platform** |  |  |  |  |  |
| **Turntable Ladder** |  |  |  |  |  |
| **Aerial Ladder Platform** |  |  |  |  |  |
| **Moffat** |  |  |  |  |  |
| **Telehandler** |  |  |  |  |  |
| **Fork Lift** |  |  |  |  |  |
| **Trauma Tech** |  |  |  |  |  |
| **TT Refresher** |  |  |  |  |  |
| **TRU** |  |  |  |  |  |
| **Chainsaw** |  |  |  |  |  |
| **Confined Space Operator** |  |  |  |  |  |
| **Confined Space Supervisor** |  |  |  |  |  |
| **Hot Cutting Operator** |  |  |  |  |  |
| **Hot Cutting Instructor** |  |  |  |  |  |
| **Timber Shoring** |  |  |  |  |  |
| **Advanced Technical Search** |  |  |  |  |  |
| **USAR** |  |  |  |  |  |
| **Module 1** |  |  |  |  |  |
| **Module 2** |  |  |  |  |  |
| **Technical Rope Rescue** |  |  |  |  |  |
| **Rescue Boat** |  |  |  |  |  |
| **Swiftwater Rescue** |  |  |  |  |  |
| **HVP** |  |  |  |  |  |
| **Hook Lift** |  |  |  |  |  |
| **MDU** |  |  |  |  |  |
| **MDU instructor** |  |  |  |  |  |
| **DIM** |  |  |  |  |  |
| **IFE** |  |  |  |  |  |
| **Other relevant quals:** |  |  |  |  |  |
| **Operational Breathing apparatus wearer** |  |  |  |  |  |
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| **Do you have any special dietary requirements?** |  |
| **Do you require any specific learning adjustments?** |  |