



POLICE AND CRIME COMMISSIONER FOR DERBYSHIRE

INDEPENDENT CUSTODY VISITOR APPLICATION FORM

Title	First Name(s)	Surname

Any other names you have been known by

Permanent Home Address	Previous address
Postcode :	Postcode :
Number of years at this address	Date moved in and out of this address
If less than five years please complete the box on the right	

Home Telephone Number	Work Telephone Number

Mobile Telephone number	E Mail Address

<p>We can only offer a position to candidates who have been resident in the UK for the last two years. You should inform us if, whilst resident in the UK, you spent more than six months overseas.</p>	
<p>Have you resided in the UK for the last two consecutive years?</p>	
<p>If a commonwealth citizen or a foreign national, is your stay in the UK free of restrictions?</p>	

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If yes; please give details	
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Have you ever been a Custody Visitor before? If so please provide details (please state where and for how long)

Custody Visitors need to be impartial and independent. To enable us to identify any possible conflicts of interest please complete the section below.	
Are you :	
a police officer or special constable?	YES/NO
a member of police staff?	YES/NO
a Magistrate?	YES/NO
a Member or member of staff of Commissioner's Office?	YES/NO
a solicitor?	YES/NO
a probation officer?	YES/NO
an Appropriate Adult?	YES/NO
Have you retired from any of these roles in the last 5 years?	YES/NO

If you have answered yes to any of the above please provide further details

Please provide us with details of any part-time or full-time work over the last 5 years (most recent first)

Name and address of employer	Dates	Position held and duties performed

Do you do any voluntary work or public service?
If YES please give details below.

YES/NO

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Why would you like to be an Independent Custody Visitor?

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Do you have a current full car or motorcycle license?	
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This will not affect your application but may influence which station you are allocated to, if successful.

YES/NO

It is important that this section is completed as fully as possible in order to give yourself the best chance of being short-listed for an interview, as it is not always possible to interview all applicants. Please summarise fully all skills, experience and qualities relevant to the role, whether gained through personal experiences, work training or voluntary services.

The Person Specification and Role Description, as provided with the application form, set out the essential and additional/useful elements required to perform the role of an Independent Custody Visitor. In the following sections please describe your experience to evidence how you meet the essential and desirable criteria listed in the Person Specification.

Skills

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Experience

Qualities

(please continue on a separate sheet if necessary)

Do you consider yourself to be disabled? YES/NO

Do you have any medical condition that may affect your ability to carry out the duties of an Independent Custody Visitor? YES/NO

Are there any special arrangements you would require if attending an Interview? (e.g. access, disabled parking) YES/NO

If you have answered YES to any of the above questions please provide details below of any specific requirements or reasonable adjustments you may have in order to assist you in demonstrating your full potential during the selection process.

****The Office of the Police and Crime Commissioner are equal opportunity employers and actively encourage applications from people with disabilities. Applicants with disabilities who demonstrate that they meet the essential criteria in the Person Specification will be guaranteed an interview. The Equality Act 2010 defines a disabled person as someone who has "a physical or mental impairment which has a substantial and adverse long-term effect on his or her ability to carry out normal day-to-day activities.****

To help us with recruitment in the future please tell us how/where you learnt that we were looking for Custody Visitors?

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REFERENCES – Please give details below of one referee who are not related to you who have agreed to support your application.

Referee 1
Name
Address
Telephone No.
In what capacity do you know the referee:

DECLARATION

I agree to the Office of the Police and Crime Commissioner making an enquiry in connection with my application as a volunteer. I have read the information supplied to me concerning the duties and responsibilities of an Independent Custody Visitor and would be prepared, if my application is accepted, to complete the appropriate undertaking in respect of confidentiality. I also confirm that I would be willing to undergo Police Checks.

Signed:

Date:

WHAT TO DO NOW

The completed Application Form and Monitoring Questionnaire should be marked PRIVATE AND CONFIDENTIAL and forwarded:-

By Email to :

recruitment@derbyshire.pnn.police.uk

or by post to:

HRSC
Butterley Hall

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Ripley
Derbyshire
DE5 3RS

Closing date for return of applications is XXXXXXXXXX

THE OFFICE OF THE POLICE AND CRIME COMMISSIONER FOR DERBYSHIRE
MONITORING QUESTIONNAIRE

The Office of the Police and Crime Commissioner is firmly committed to promoting equality of opportunity for all local people and communities, irrespective of gender, ethnic origin, disability, religious belief, sexual orientation, age or any other irrelevant factor.

We therefore ask you to complete this questionnaire to enable us to monitor the effectiveness and fairness of our policy and processes. This information is for statistical monitoring purposes only. **It will not form part of the selection process.**

AGE

18 – 20	<input type="checkbox"/>	50 – 60	<input type="checkbox"/>
20 – 30	<input type="checkbox"/>	60 – 70	<input type="checkbox"/>
30 – 40	<input type="checkbox"/>	70 +	<input type="checkbox"/>
40 – 50	<input type="checkbox"/>		

CURRENT WORKING HOURS

Full Time	<input type="checkbox"/>
Part Time	<input type="checkbox"/>
Retired	<input type="checkbox"/>

ETHNIC ORIGIN

White	British	<input type="checkbox"/>	Asian or Asian British	Indian	<input type="checkbox"/>
	Irish	<input type="checkbox"/>		Pakistani	<input type="checkbox"/>
	Any other white background	<input type="checkbox"/>		Bangladeshi	<input type="checkbox"/>
				Any other Asian background	<input type="checkbox"/>
Mixed	White and Black Caribbean	<input type="checkbox"/>	Black or Black British	Caribbean	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>		African	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>		Any other Black background	<input type="checkbox"/>
	Any other Mixed background	<input type="checkbox"/>			
			Chinese or other ethnic group	Chinese	<input type="checkbox"/>
	Any other ethnic group	<input type="checkbox"/>			

RELIGIOUS BELIEF OR FAITH

Buddhist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	STATE DENOMINATION IF YOU WISH
Christian	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	
Hindu	<input type="checkbox"/>	Not religious	<input type="checkbox"/>	
Jewish	<input type="checkbox"/>	Any other religious faith or belief	<input type="checkbox"/>	

GENDER

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

SEXUAL ORIENTATION

Bisexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>
Gay	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Gender Identity (Optional)

If you identify as transsexual or transgender (in that you have effected a permanent change of gender identity) or as intersex, please state which group you identify with

Transsexual	<input type="checkbox"/>
Transgender	<input type="checkbox"/>
Intersex	<input type="checkbox"/>

DISABILITY

Under the Disability Discrimination Act 1995 and Disability Discrimination Act (Amendment) 2005, a person is disabled if they have (or have recovered from) a physical or mental impairment (including learning disabilities) which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities such as those involving mobility, manual dexterity, physical co-ordination, speech, hearing, eyesight or communication, or a permanent condition which is controlled by medication, e.g. diabetes or epilepsy. Individuals with HIV, cancer or multiple sclerosis are automatically treated as disabled.

Yes No

Thank you for completing this form

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