



Home Office



## Employer Supported Policing Business Registration Form

Lead Force Name	Essex Police
Business / Organisation Name:	Police Fire and Crime Commissioner for Essex
Nature of Business / Organisation:	Local
	Other:
Area which Business / Organisation covers:	Governance of Essex Police
Key Contact Person: <small>(Please note this person will be the contact for ESP enquiries within your organisation)</small>	
Telephone Number:	
E-mail Address:	
Postal Address	Kelvedon Park
Details of ESP support in place: <small>(i.e. number of additional paid leave days to Volunteer allowed)</small>	This will be dependent on the Chief Executive and line manager and be dependent on business requirements
Does this policy cover:	Special Constables
Please advise where this policy will be published within your organisation i.e. staff handbook etc	This policy will be included in a renewed volunteering policy to be developed in the next six months.

### FORCE USE ONLY

Date entered onto ESP Database:	
---------------------------------	--

### SEND COMPLETED FORM TO

les.hawkins1@essex.police.uk	or contact <a href="mailto:esp@dutysheet.com">esp@dutysheet.com</a>
------------------------------	---

*Upon completion of this form your organisation will be issued with a Certificate of Participation in recognition of your partnership in the ESP scheme.*

*Please note that by completing this form you are allowing us to upload the form to our ESP database system, which is only accessed by Police Forces in England & Wales.*