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| **Application Form – Independent Custody Visitor** | | | | | | | | | |
| **1. Personal Details** | | | | | | | | | |
| Surname: | |  | | Title: | | | |  | |
| Forename(s): | |  | | | | | | | |
| Previous name(s): | |  | | | | | | | |
| Place of birth: | |  | | Date of birth: | | | |  | |
| Nationality: | |  | | Age: | | | |  | |
| National Insurance No.: | |  | | | | | | | |
| Address: | |  | | | | | | | |
| How long have you lived at the above address? | | | |  | | | | | |
| If less than 5 years, please give previous address: | |  | | | | | | | |
| Telephone: | | Home: |  | | | | | | |
| Work: |  | | | | | | |
| Mobile: |  | | | | | | |
| Email address: | |  | | | | | | | |
| Your preferred means of communication: | | | |  | | | | | |
|  | | | | | | | | | |
| **2. Employment** | | | | | | | | | |
| Are you employed / retired / volunteering / studying? | | | |  | | | | | |
| If employed / volunteering / studying, please provide the name and address of your present employer / place of study: | | | |  | | | | | |
| If retired / unemployed, please provide the name and address of your last employer: | | | |  | | | | | |
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| **3. How did you hear about the Independent Custody Visiting Scheme?** | | | | | | | | | |
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| **4. Why do you wish to become an Independent Custody Visitor?** | | | | | | | | | |
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| **5. Skills, experience and qualities** | | | | | | | | | |
| Having read the Scheme Handbook (including the Role Specification), what skills, experience and qualities do you feel you would bring to the Scheme if appointed? (Please give details of any other voluntary work in which you have been involved.) | | | | | | | | | |
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| **6. Independence** | | | | | | | | | |
| Are you currently a serving member of a Police Force or Police and Crime Commissioner’s Office? | | | | | | Yes | | | No |
| Are you currently involved in the Criminal Justice System?  If yes, please provide details below: | | | | | | Yes | | | No |
|  | | | | | | | | | |
| **7. Transport details** | | | | | | | | | |
| Do you possess a full driving licence? | | | | | | Yes | | | No |
| Do you have access to a vehicle which you would be able to use to carry out your duties as a Custody Visitor? | | | | | | Yes | | | No |
| If you do not have a driving licence / access to a vehicle, how would you travel in order to carry out your duties as a Custody Visitor? | | | | | |  | | | |
|  | | | | | | | | | |
| **8. Access arrangements** | | | | | | | | | |
| Do you require any reasonable adjustments to enable you to attend an interview and subsequent training day? | | | | | | Yes | | | No |
| If yes, please provide detail below: | | | | | | | | | |
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| **9. Consent to vetting and security checks** | | | | | | | | | |
| Custody Visitors have unannounced access to secure areas within police stations, as well as confidential information and access to detainees, some of whom may be vulnerable. We are therefore required to carry out an appropriate level of security vetting before we can confirm appointment as an Independent Custody Visitor.  If successful at interview, you will be asked to complete the appropriate Non-Police Personnel Vetting Questionnaire. Any offer of appointment will be subject to satisfactory vetting clearance.  *I confirm that I am willing to complete the necessary vetting forms if requested and that I consent to vetting and security checks being carried out in connection with my application to become an Independent Custody Visitor.* | | | | | | | | | |
| Signed: |  | | | | Date: | |  | | |

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| **10. References** | | | | |
| Please give the names and addresses of two people who will act as referees for you regarding your suitability as an Independent Custody Visitor. Please include current or recent employers, teachers/tutors, or those who know you in your volunteering capacity over the last 3 years. Please do not choose relatives, serving Police officers or those who have left Essex Police in recent years. | | | | |
| **Referee 1:** | | | | |
| Name: | |  | | |
| Address: | |  | | |
| Occupation: | |  | | |
| Phone: | |  | | |
| Email: | |  | | |
| **Referee 2:** | | | | |
| Name: | |  | | |
| Address: | |  | | |
| Occupation: | |  | | |
| Phone: | |  | | |
| Email: | |  | | |
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| **11. Declaration** | | | | |
| I agree to the Office of the Police, Fire and Crime Commissioner making an enquiry in connection with my application as a volunteer.  I would be prepared, if my application is accepted, to attend training sessions as necessary and complete the appropriate undertaking in respect of confidentiality.  I declare that the information I have provided is accurate to the best of my knowledge and belief. | | | | |
| Signed: |  | | Date: |  |

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| Please return by email to: [PFCC@essex.police.uk](mailto:PFCC@essex.police.uk) |