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| **EASTERN REGION POLICE AND CRIME COMMISSIONERS** |
| **APPLICATION FORM FOR THE POSITION OF****INDEPENDENT PANEL MEMBER** |

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| Please read each page carefully and make sure you answer every question that is relevant to you. You can continue any answer on separate sheets if you wish, but must clearly mark each sheet with your name and the part of the form that it relates to.**You are asked to return the completed form to:**Carla Bailey at PFCC@essex.police.uk**Or by post to:**Carla Bailey, Police, Fire & Crime Commissioner’s Office, Kelvedon Park, London Road, Rivenhall, Essex, CM8 3HB**The closing date for the application is January 28th 2024.** |

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| **SECTION ONE: PERSONAL DETAILS** |
| **TITLE** |  |
| **FIRST NAME** |  |
| **SURNAME** |  |
| **HOME ADDRESS** |  |
| **CONTACT NUMBER** |  |
| **MOBILE NUMBER** |  |
| **EMAIL ADDRESS** |  |

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| **NATIONALITY** |
| Candidates will need to fulfil one of the following nationality requirements:* Be a citizen of the United Kingdom;
* Be a citizen of the Republic of Ireland;
* Be a citizen of a commonwealth country; or
* Hold dual nationality, one of which falls in one of the above categories.

Please confirm your nationality in the box below: |
|  |
| **SECTION TWO: PERSONAL QUALITIES AND EXPERIENCE** |
| Please see the accompanying Memorandum of Understanding for details of the experience and competencies required for this position. Please use this section to describe the experience and skills you would bring to this role.Please use examples to back up your description. Your application will be assessed by not only what you have achieved but how you have achieved it. |
| **2. WHAT SKILLS AND EXPERIENCES DO YOU HAVE?** |
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| **3. WHAT IS YOUR UNDERSTANDING OF THE ROLE OF AN INDEPENDENT PANEL MEMBER?** |
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| **ACTIVITY HISTORY FOR LAST 10 YEARS (MOST RECENT FIRST)** |
| Please provide details of part-time and full-time employment as well as any voluntary work, career breaks or any work you do, or have done, in the local community. |
| **Dates From and To** | **Details (including positions held and nature of work)** | **Name/Address of Employer or Organisation** |
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| **OTHER RELEVANT INFORMATION** |
| Please give details of any other relevant information, for example educational, vocational or other qualifications. |
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| **DRIVING LICENCE**  |
| Do you hold a full current UK driving licence? |
| **Yes** | **No** |

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| **CRIMINAL CONVICTIONS** |
| Have you ever been convicted or found guilty of an offence (not including motoring offences) by any court in the UK or abroad, or by any court martial? Please mark an “x” in the relevant box below: |
| **YES** | **No** |
| If you have answered yes, please give details below: |
| **POTENTIAL CONFLICTS OF INTEREST** |
| Please give details of any business or other interests or any personal connections which, if you are appointed, could be misconstrued or cause embarrassment to the Police and Crime Commissioners for the Eastern Region (the PCCs). These could include financial interests or share ownership, membership of societies, activities associations or employment of a partner or friend in the particular field in which the PCCs operate. Additionally, applications will not be accepted from candidates who are under the direction and control of a chief officer of police, either as a member of police staff or as a member of a police force or a special constable.Any potential conflicts of interest detailed here will not prevent you going forward to interview but may, if appropriate, be explored with you during your interview to establish how you would address the issue(s) should you be successful in your application. |
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| **REFERENCES** |
| Please give the details of two people who may be asked to act as referees for you, either in the boxes below or on an attached sheet. They will be expected to have authoritative and personal knowledge of your achievements. The referees will be approached only if you are successful at interview.  |
| **Reference One** |
| **Name** |
| **Address** |
| **Telephone** |
| **Email** |
| **Reference Two** |
| **Name** |
| **Address** |
| **Telephone** |
| **Email** |

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| **DECLARATION** |
| I declare that the information given on this application is complete and correct to the best of my knowledge. I have also read the Memorandum of Understanding and can confirm that I am eligible to be considered for appointment to this body. I also certify that I will immediately inform the PCCs of any changes in circumstances that affect the answers I have given. |
| **Signed:** |  |
| **Date:** |  |

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| **SECTION FOUR: APPOINTMENTS MONITORING FORM** |
| The Police and Crime Commissioners are 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 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**

|  |  |
| --- | --- |
|  | <25 |
|  | 26-40 |
|  | 41-55 |
|  | >55 |

**Gender**

|  |  |
| --- | --- |
|  | Male |
|  | Female |

**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 |
|  | Transgender |
|  | Intersex |

**Sexual Orientation**

|  |  |
| --- | --- |
|  | Bisexual |
|  | Gay or lesbian |
|  | Heterosexual |
|  | Prefer not to say |

**Disability**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

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, eg diabetes or epilepsy. Individuals with HIV, cancer or multiple sclerosis are automatically treated as disabled.**Current working hours**

|  |  |
| --- | --- |
|  | Part-time |
|  | Full-time |

**Ethnic Origin****White**

|  |  |
| --- | --- |
|  | British |
|  | Irish |
|  | Any other White background |

**Mixed**

|  |  |
| --- | --- |
|  | White and Black Caribbean |
|  | White and Black African |
|  | White and Asian |
|  | Any other Mixed background |

**Asian or Asian British**

|  |  |
| --- | --- |
|  | Indian |
|  | Pakistani |
|  | Bangladeshi |
|  | Any other Asian background |

**Black or Black British**

|  |  |
| --- | --- |
|  | Caribbean |
|  | African |
|  | Any other Black background |
|  | Any other Mixed background |

**Chinese or other ethnic group**

|  |  |
| --- | --- |
|  | Chinese |
|  | Any other background |
|  | Please specify: |

**Religious belief or faith**

|  |  |
| --- | --- |
|  | Buddhist |
|  | Christian |
|  | State Denomination if you wish: |
|  |  |
|  | Hindu |
|  | Jewish |
|  | Muslim |
|  | Sikh |
|  | None |
|  | Any other religious belief or faith |
|  | Please specify: |
|  | Prefer not to say |

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| **POLITICAL ACTIVITY** |
| This question is asked as it enables the monitoring of political activity of candidates for an appointment in so far as it is already in the public domain. Neither activity nor affiliation is a criterion for appointment. If you are successful, the information provided may be published with the announcement of your appointment.Please indicate which of the following activities you have undertaken during the past five years by ticking the appropriate box and by providing details of your involvement. Name the party or body for which you have been active. If you have been or are an Independent or have sought or obtained office as a representative of a particular interest group, you should state this. You should tick all relevant categories. |
| 1 | Obtained office as a Local Councillor, MP, MEP etc. |  |
|  | Stood as a candidate for one of the above offices |  |
|  | Spoken on behalf of a party or candidate |  |
|  |
| 2 | Acted as a political agent |  |
|  | Held office such as Chair, Treasurer or Secretary of a local branch of a party |  |
|  | Canvassed on behalf of a party or helped at election |  |
|  | Undertaken a political activity which you consider relevant |  |
|  |
| 3 | Made a recordable donation to a political party1 |  |
|  |
| 4 | None of the above activities apply |  |
|  |
| **Name of Party of which activity undertaken and details of involvement:** |
|  |

1 The Political Parties, Elections and Referendums Act 200 requires the Electoral Commission to publish a register of recordable donations (donations from an individual totalling more than £5000 in any calendar year, or more than £1000 if made to a subsidiary accounting unit such as a constituency association, local branch, women’s or youth organisation). These provisions became effective from 16 February 2001.

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| **HOW DID YOU HEAR ABOUT THIS POSITION** |
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| **DECLARATION** |
| I confirm the information I have given is, to the best of my knowledge and belief, true and complete. I confirm that I understand the purpose of the form and the reasons for the collection of my personal data and that I agree to my personal data being used as stated. |
| **Signed:** |  |
| **Date:** |  |