

# Application Form: Independent Custody Visitor

## Personal Details

|  |  |
| --- | --- |
| Surname |  |
| Forenames (in full) |  |
| Any other names by which you have been known |  |
| Date of Birth |  |
| National Insurance Number |  |
| Nationality |  |
| Non UK British Citizens – is your stay in the UK free of restrictions? | YES/NO . **If no** please state why not:  |
| Permanent address including postcode  |  |
| Email address |  |
| Mobile phone number |  |
| Home telephone number |  |
| Work telephone number |  |
| Are you disabled or do you have any medical condition, which may affect your ability to carry out the duties of an Independent Custody Visitor?  | YES/NO **If yes** please give details, this will not necessarily affect your application |
| Current Employment Role (if applicable) |  |
| Employer’s name and address including postcode (if applicable) |  |
| Do you have a current valid full UK driving licence? |  |

## Eligibility

|  |  |
| --- | --- |
| If less than three years at permanent address please state previous address(es), including postcode.  |  |
| Have you ever been convicted of an offence punishable with imprisonment or detention? | YES/NO (delete one) |
| Are you a currently a Police Officer, Police Community Support Officer, serving in the Special Constabulary or a member of police staff? | YES/NO (delete one) |
| Are you currently a member of a Police and Crime Panel or a member of staff of a Police and Crime Commissioner | YES/NO (delete one) |
| Are you a serving Justice of the Peace (Magistrate)? | YES/NO (delete one) |
| Are you related to, or have a close personal relationship/friendship with anyone working for Warwickshire Police? Please state their name, status with the organisation and relationship with you | Name |
| Status |
| Relationship |
| Other than as listed above do you have any direct or indirect involvement in the criminal justice system? | YES/NO **If yes** please give details |
| Do you have access to electronic technology (i.e. computer, tablet or mobile phone) to send and receive e-mails and communicate with in relation to this role? Are you happy to use a computer to record the results of your duties? | YES/NO (delete one) |
| Are you able to commit to one visit to a custody suite per month? | YES/NO (delete one) |
| Please indicate which custody suite you would be able to visit | Leamington / Nuneaton / Either |
| Are you able to attend Panel meetings (3 per year) usually for 2 hours on weekday evenings. | YES/NO (delete one) |
| Are you able to attend Scheme meetings (4 per year) usually for 2 hours on weekday evenings. | YES/NO (delete one) |
| Are you able to attend the annual meeting and training events approximately one or 2 per year, usually held on Saturdays for half a day? | YES/NO(delete one) |

## Personal Statement

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| Why do you want to be an independent custody visitor? (400 word max) |
| Please give details of any relevant interests, skills, qualifications or experience that you would bring to the role, including other voluntary work, if appointed. (400 words max) |
| How did you learn about the independent custody visitor role? |  |

## References

Please give details of two referees, (not family members), who have agreed to support your application.

### Referee 1

|  |  |
| --- | --- |
| Name |  |
| Address including post code |  |
| Email address |  |
| Phone number |  |
| Occupation |  |

### Referee 2

|  |  |
| --- | --- |
| Name |  |
| Address including post code |  |
| Email address |  |
| Phone number |  |
| Occupation |  |

## Declaration

I agree to the Office of the Police and Crime Commissioner making an enquiry to be cleared by police vetting procedures 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 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.

I understand that:

* The independent custody visitor role will be subject to the receipt of satisfactory references and vetting checks and may be subject to a medical examination.
* If any information provided is found to be untrue or is found to have been deliberately withheld, this will result in any offer of a volunteering role being withdrawn.

|  |  |
| --- | --- |
| Signed: | Date: |

Please return your completed application form, marked for the attention of Abby Simkin, ICV Scheme Manager, by email: abby.simkin@warwickshire.pnn.police.uk.

Office of the Police and Crime Commissioner,
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