



**INDEPENDENT CUSTODY VISITOR
APPLICATION FORM**

(PLEASE COMPLETE IN BLOCK CAPITALS)

PERSONAL DETAILS

Forename(s)	Surname	Title (Mr, Mrs, Miss, Ms, Dr)
Permanent Address		
Postcode		
Contact telephone numbers (please indicate your preferred option)		
Home	Work	Mobile
e-mail address		Date of birth
Current occupation/business and nature of role		
Name and address of current/most recent employer/business		

Are you, or have you been in the last five years, an officer/employee of the Police and Crime Commissioner/Suffolk Police Authority/Suffolk Constabulary (e.g. police officer, member of police staff, member of the Police Authority, Special Constable, Police Community Support Officer) or a Justice of the Peace?

Yes

No

Note: To avoid potential conflict of interest, officers/employees of the Police and Crime Commissioner/Suffolk Police Authority/Suffolk Constabulary and Justices of the Peace, who have served within the last five years, will not be considered for participation in the Scheme. Applications from others involved within the criminal justice system e.g. Solicitors, Probation Officers etc, will be considered on an individual basis.

Do you consider yourself to have a disability (as defined under the Disability Discrimination Act 1995), or do you suffer from any medical condition that may affect your ability to carry out the duties of an Independent Custody Visitor?

Yes

No

(see below)

Note: The Disability Discrimination Act 1995 defines a disabled person with a physical or mental impairment which has a substantial and long term effect on his/her ability to carry out normal day to day activities.

If yes, please provide details:

Note: This information will not necessarily affect your application and will be treated as strictly confidential.

INFORMATION IN SUPPORT OF YOUR APPLICATION

How did you learn about Independent Custody Visiting?

Having read the materials provided with this application form, what skills, experience and qualities do you feel you would bring if you were appointed as an Independent Custody Visitor?

(Please provide details of any other relevant information including hobbies/interests, voluntary work which you are/have been involved with and your reason for applying. You may continue on a separate sheet if necessary)

Are you an Appropriate Adult and/or Lay Observer appointed under the Criminal Justice Act 1991?

Yes

No

REFERENCES

Please give details, including initials and correct form of address, of two referees, not related to you (and who have known you for two years) who have agreed to support your application

Name	Name
Address	Address
Postcode	Postcode
Occupation	Occupation
Telephone	Telephone

DECLARATION

I agree to the Office of the Police and Crime Commissioner undertaking security checks 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 as necessary and complete the appropriate undertaking in respect of confidentiality.

I note that, under the terms of the Data Protection legislation, personal data supplied may be held or verified on or by computer, and also manual records. The information will not be used for any purpose other than the selection and appointment of Independent Custody Visitors.

I declare that the information I have provided is accurate to the best of my knowledge and belief. I understand that giving false information or omitting relevant information could disqualify my application and, if I am appointed, could lead to my dismissal.

Signed

Date

The Office of the Police and Crime Commissioner aims to offer full equality of opportunity. Volunteers will not be unfairly discriminated against on grounds of their sex, marital status, colour, race, nationality, ethnic or national origin, religion, disability, sexual orientation or age. Decisions on recruitment, selection, training and dismissal will be made solely on the basis of objective criteria.

When completed please return this form to:

**Sarah Carter
Independent Custody Visiting Scheme Administrator
Office of the Police and Crime Commissioner for Suffolk
Portal Avenue
Martlesham Heath
Ipswich
Suffolk
IP5 3QS**