



APPLICATION FORM INDEPENDENT CUSTODY VISITOR

Thank you for your interest in becoming an Independent Custody Visitor with the Office of the Police and Crime Commissioner for West Mercia. Please complete the information below and return it to Philip Compton – philip.compton@westmercia.pnn.police.uk

Please tick which ICV Panel you are applying to be a member of

Herefordshire (visits Hereford Police Station)	
North Worcestershire (visits Kidderminster Police Station)	
South Worcestershire (visits Worcester Police Station)	
Shropshire (visits Shrewsbury and Malinsgate Police Stations)	

Personal Details

Title:	Dr.	Mr.	Mrs.	Miss	Ms.	Other
Surname:						
Previous surname(s):						
First name(s):						
Date of birth:				Place of birth:		
Home address (permanent address):						
County:				Postcode:		
How long have you lived at the address? Years: Months:						
Email:				Home phone:		
Mobile phone:				Work phone:		
Please list any additional languages you speak and your fluency in them) basic, intermediate, advanced, mother tongue).						
What is your current occupation?						

Eligibility

<p>If less than three years at permanent address please state previous address(es), including postcode.</p>	
<p>Have you ever been convicted of an offence or been reported and subsequently given an official written caution, warning or reprimand for any offence? If yes, please give details (this application is subject to the <i>Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975</i> and, as such, candidates for appointment as Independent Custody Visitors are not entitled to withhold information regarding convictions which for other purposes are “spent”; under the provisions of the Act. Information provided will not necessarily disqualify an individual from becoming an Independent Custody Visitor. Any information will be kept strictly confidential. (Please continue on a separate sheet if necessary).</p>	
<p>Are you a currently a Police Officer, Police Community Support Officer, serving in the Special Constabulary or a member of police staff?</p>	
<p>Are you currently a member of a Police and Crime Panel or a member of staff of a Police and Crime Commissioner?</p>	
<p>Are you a serving Justice of the Peace (Magistrate)?</p>	
<p>Are you related to, or have a close personal relationship/friendship with anyone working for West Mercia Police or Warwickshire Police? Please state their name, status with the organisation and relationship with you?</p>	Name
	Status
	Relationship
<p>Other than as listed above do you have any direct or indirect involvement in the criminal justice system?</p>	
<p>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?</p>	
<p>Are you able to commit to one visit to a custody suite per month?</p>	

<p>Are you able to attend Panel meetings (2 per year) usually for 2 hours on weekday evenings?</p>	
<p>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? These may be at various locations in Shropshire, Herefordshire, Worcestershire or Warwickshire?</p>	

Personal Statement

Why do you wish to be an independent custody visitor? (400 word maximum)

Please give details of any relevant interests, skills or experience that you would bring to the role, including other voluntary work, if appointed (400 words maximum)

<p>How did you learn about independent custody visiting?</p>	
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References

Please give details of two referees, not related to you, 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 in connection with my application to become 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 understand that the role will be subject to the receipt of satisfactory references and police vetting checks, and 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.

I declare that the information I have provided is accurate to the best of my knowledge and belief.

Signed	
Date	

NB: If emailing this form, please type your name in the space above.

Please return completed application forms to Philip Compton
philip.compton@westmercia.pnn.police.uk

Alternatively you can post to:
*Office of the Police and Crime Commissioner for West Mercia
West Mercia Police Headquarters
Hindlip
WR5 3SP*

EQUAL OPPORTUNITIES MONITORING FORM

Completion of this form is optional. This information forms no part of the recruitment process. It is for monitoring purposes only and will not affect your application in any way. It will be detached from your application on receipt.

The Office of the Police and Crime Commissioner for West Mercia and the Police Service are equal opportunities employers and are determined to ensure that:

- The workforce (including volunteers) reflect the diverse society within West Mercia and that the working environment is free from any form of discrimination, victimisation or harassment;
- No applicant is treated more or less favourably on the grounds of sex, gender reassignment, sexual orientation, age, marital status, pregnancy and maternity, race, colour, nationality, ethnic or national origins, religion or belief or disability.
- No applicant is disadvantaged by a provision, criterion or practice which cannot be shown to be a proportionate means of achieving a legitimate aim.

Age	<input type="checkbox"/>	18-25	<input type="checkbox"/>	26-40	<input type="checkbox"/>	41-55	<input type="checkbox"/>	Over 55
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Sex	<input type="checkbox"/>	Female	<input type="checkbox"/>	Male
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Gender Identity (Optional)*	<input type="checkbox"/>	Intersex	<input type="checkbox"/>	Transsexual	<input type="checkbox"/>	Transgender
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Sexual Orientation	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Gay or Lesbian	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Prefer not to say
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Ethnic Origin								
White:	<input type="checkbox"/>	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Any other White background		
Mixed:	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Any other Mixed background
Asian or Asian British	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Any other Asian background
Black or Black British:	<input type="checkbox"/>	African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Any other Black background		
Chinese or Other Ethnic Group:	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	Any other (please specify)		

Marital Status	<input type="checkbox"/>	Civil Partnership	<input type="checkbox"/>	Cohabiting/partnered	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Married
	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Single	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Prefer not to say

Religion and Belief	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Jewish
	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	None	<input type="checkbox"/>	Prefer not to say
	<input type="checkbox"/>	Other (please state)						

Disability **	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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* If you identify yourself as transsexual, transgender (in that you have effected a permanent change of gender identity) or intersex, please state which group you identify with.

**Under the Equality Act 2010 a person is defined as disabled if they have (or have recovered from) a physical or mental impairment and the impairment has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities. Cancer, HIV infection and multiple sclerosis are all conditions that are defined under the Equality Act 2010.