

**OFFICE OF THE POLICE AND CRIME COMMISSIONER FOR GWENT**

**INDEPENDENT CUSTODY VISITOR SCHEME**

# **APPLICATION FORM This form is also available in Welsh**

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| --- | --- |
| **PERSONAL DETAILS** | |
| **Title:** | **Surname:** |
| **Forenames (in full):** | |
| **Any other names by which you have been known:** | |
| **CONTACT DETAILS** | |
| **Address (including postcode):** | |
| **How long have you lived at the above address?** | |
| If less than 5 years, please give previous addresses: | |
| **Home telephone number:** | |
| **Work telephone number:** | |
| **Mobile telephone number:** | |
| **Email:** | |
| **Preferred means of communication:** | |
| **Please indicate whether you would wish to use the Welsh language at an interview:**  **YES: NO:** | |
| **Why do you wish to be an Independent Custody Visitor?** | |
| **What skills, experience and qualities do you feel you would bring if you were appointed? (Please give details of any other voluntary work in which you have been involved).** | |
| **Have you ever been an Independent Custody Visitor before? If yes, please give details:** | |
| **How did you learn about the Independent Custody Visitor scheme?** | |
| **Are you currently a serving member of the Police Force or are you involved in the Criminal Justice System? YES/NO** | |
| **Are you related to or have a close personal relationship/friendship with anyone working for the police? YES/NO** | |
| **Are you currently a member of a Police and Crime Panel? Yes/NO** | |
| **Are you able to undertake visits which include occasional days, evenings and weekends? YES/NO** | |
| **This role requires that you are vetted by the police in order to access custody suites, are you happy to undertake the vetting process? YES/NO** | |
| **HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE PUNISHABLE WITH IMPRISONMENT WITHIN THE LAST FIVE YEARS, OR HAVE ANY CRIMINAL CONVICTIONS? (If yes, please give details. The completion of this question and provision of this information is a requirement in all applications but may not necessarily affect your application. Offences covered by the Rehabilitation of Offenders Act 1974 if spent need not be listed).** | |
| **Please give names and addresses of two referees, not related to you, who have agreed to support your application:** | |
| **Name:**  **Address:**    **Occupation:**  **Telephone No:** | **Name:**  **Address:**  **Occupation:**  **Telephone No:** |

**DECLARATION**

**I agree to the Office of the Police 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 ………………………………**

**WHEN COMPLETED PLEASE RETURN THIS FORM TO:**

[**commissioner@gwent.police.uk**](mailto:commissioner@gwent.police.uk)

**or**

**ICV Scheme Administrator**

**Office of the Police and Crime Commissioner**

**Police Headquarters**

**Llantarnam Park Way**

**Cwmbran**

**NP44 3FW**

**Equality and diversity monitoring form**

**Gwent Independent Custody Visiting Scehem** wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the scheme in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary.

The information you provide will stay confidential and be stored securely.

**Gender** Man 🗆 Woman 🗆 Non-binary 🗆 Prefer not to say 🗆

If you prefer to use your own term, please specify here …………………….

**Are you married or in a civil partnership?** Yes 🗆 No 🗆 Prefer not to say 🗆

**Age** 16-24🗆 25-29 🗆 30-34 🗆 35-39🗆 40-44 🗆 45-49 🗆 50-54 🗆55-59 🗆 60-64 🗆 65+ 🗆 Prefer not to say 🗆

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆

British 🗆 Gypsy or Irish Traveller 🗆 Prefer not to say 🗆

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆 Prefer not to say 🗆 Any other mixed background, please write in:

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab 🗆 Prefer not to say 🗆 Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes🗆 No 🗆 Prefer not to say 🗆

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual 🗆 Gay woman/lesbian 🗆 Gay man 🗆 Bisexual 🗆

Prefer not to say 🗆 If you prefer to use your own term, please specify here

……………………………………………….….

**What is your religion or belief?**

No religion or belief 🗆 Buddhist 🗆 Christian 🗆 Hindu 🗆 Jewish 🗆

Muslim 🗆 Sikh 🗆 Prefer not to say 🗆 If other religion or belief, please write in:

Many thanks for taking the time to fill in this form.