

LINCOLNSHIRE POLICE AUTHORITY

INDEPENDENT CUSTODY VISITOR APPLICATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS		
FORENAME(S).....		TITLE (Mr, Mrs, Miss, Ms, Dr)
SURNAME		
MAIDEN NAME		
ANY OTHER NAME(S) BY WHICH YOU HAVE BEEN KNOWN		
PLACE OF BIRTH		NATIONALITY
NATIONAL INSURANCE NUMBER	DATE OF BIRTH	AGE
CONTACT TELEPHONE NUMBER(S)		
HOME	WORK	MOBILE
PERMANENT ADDRESS (BLOCK LETTERS)		
POSTCODE		
HOW LONG HAVE YOU LIVED AT THIS ADDRESS ?		
IF LESS THAN FIVE YEARS AT CURRENT ADDRESS PLEASE GIVE DETAILS OF FORMER ADDRESS		
POSTCODE.....		

MAIN OCCUPATION AND/OR VOLUNTARY/PUBLIC SERVICE

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ARE YOU, OR HAVE YOU BEEN IN THE LAST FIVE YEARS, AN OFFICER/EMPLOYEE OF THE LINCOLNSHIRE POLICE AUTHORITY/POLICE FORCE (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 Lincolnshire Police Authority/Police Force 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.

ARE YOU DISABLED 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

If yes, please give details. (This information will not necessarily affect your application and will be strictly confidential)

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INFORMATION IN SUPPORT OF APPLICATION

Please provide your reasons for wanting to become an Independent Custody Visitor, and any other information you consider relevant, including hobbies or interests. (continue on a separate sheet if necessary)

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HOW DID YOU LEARN ABOUT INDEPENDENT CUSTODY VISITING ?

To enable us to monitor the effectiveness of our recruitment schemes, we would like to know how you learned of this voluntary activity.

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HAVE YOU EVER BEEN AN INDEPENDENT CUSTODY VISITOR BEFORE? IF YES, PLEASE GIVE DETAILS

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HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE OR BEEN REPORTED AND SUBSEQUENTLY GIVEN AN OFFICIAL WRITTEN CAUTION, WARNING OR REPRIMAND FOR ANY OFFENCE ?

YES / NO

IF YES, PLEASE GIVE DETAILS BELOW. This application is subject to the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975, 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 under this heading will not necessarily disqualify an individual from becoming an Independent Custody Visitor. Any information given will be strictly confidential.

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PLEASE ENCLOSE WITH YOUR COMPLETED APPLICATION, A PHOTOCOPY OF ONE OF THE FOLLOWING PROOF OF IDENTITY DOCUMENTS:-

(tick box)

- PASSPORT
- BIRTH/ADOPTION CERTIFICATE
- MARRIAGE CERTIFICATE
- DRIVING LICENCE

PLEASE GIVE DETAILS, INCLUDING INITIALS AND CORRECT FORM OF ADDRESS, OF TWO REFEREES, NOT RELATED TO YOU, WHO HAVE AGREED TO SUPPORT YOUR APPLICATION (PLEASE USE BLOCK LETTERS)

NAME	NAME
ADDRESS	ADDRESS
POSTCODE	POSTCODE
OCCUPATION	OCCUPATION
TELEPHONE	TELEPHONE

ARE YOU AN APPROPRIATE ADULT AND/OR LAY OBSERVER APPOINTED UNDER THE CRIMINAL JUSTICE ACT 1991 ?

YES / NO

DECLARATION

I AGREE TO THE LINCOLNSHIRE POLICE AUTHORITY 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 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 THE ADDRESS PROVIDED BELOW:-

**THE CLERK
LINCOLNSHIRE POLICE AUTHORITY
PO BOX 999
LINCOLN
LN5 7PH**

PLEASE COMPLETE THE EQUAL OPPORTUNITIES MONITORING FORM ICV.3 ENCLOSED