

**Office of the Police & Crime Commissioner for Humberside**

**INDEPENDENT CUSTODY VISITOR APPLICATION FORM**

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| PLEASE COMPLETE IN **BLOCK CAPITALS** | | | |
| POST TITLE: **Independent Custody Visitor - Volunteer** | | | |
| SURNAME: | | | TITLE: |
| FORENAMES: | | | |
| DATE OF BIRTH: \_ \_ /\_ \_ /\_ \_ \_ \_ | | | |
| **EMAIL ADDRESS:** | | Do you have email access? YES/NO | |
| CONTACT TELEPHONE NUMBERS (including STD Codes): | | | |
| HOME: | WORK: | MOBILE: | |
| PERMANENT ADDRESS:  How long have you lived at this address? | | | |
| SECOND ADDRESS (if studying at University): | | | |

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| DO YOU HAVE ANY REQUIREMENTS IN RESPECT OF A DISABILITY, WHICH WE NEED TO BE AWARE OF IN ORDER TO SUPPORT YOU AT THE INTERVIEW AND IN YOUR ROLE AS A CUSTODY VISITOR (this will not affect your application) |
| NAME & ADDRESS OF EMPLOYER/UNIVERSITY/COLLEGE |
| ARE YOU CURRENTLY A POLICE OFFICER/PCSO/SPECIAL CONSTABLE/ MAGISTRATE? YES / NO    IF YES, PLEASE SPECIFY: |
| WHY DO YOU WISH TO BE AN INDEPENDENT CUSTODY VISITOR? |
| HAVE YOU EVER BEEN AN INDEPENDENT CUSTODY VISITOR BEFORE? IF YES, PLEASE GIVE DETAILS |
| DO YOU HAVE ANY KNOWLEDGE OR EXPERIENCE WHICH RELATES TO THE CRIMINAL JUSTICE SYSTEM AND/OR HUMAN RIGHTS? |

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| 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 CONVICTED OF AN OFFENCE PUNISHABLE WITH IMPRISONMENT WITHIN THE LAST FIVE YEARS, OR HAVE ANY CRIMINAL CONVICTIONS?\*    YES /NO | |
| IF YES, PLEASE GIVE DETAILS BELOW. 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. | |
| NB: INFORMATION PROVIDED UNDER THIS HEADING WILL NOT NECESSARILY DISQUALIFY AN INDIVIDUAL FROM BECOMING AN INDEPENDENT CUSTODY OFFICER. | |
| **REFERENCES:** PLEASE GIVE DETAILS, INCLUDING INITIALS AND CORRECT FORM OF ADDRESS, OF TWO REFEREES, NOT RELATED TO YOU, WHO HAVE AGREED TO SUPPORT YOUR APPLICATION). | |
| NAME: ..................................................................    ADDRESS  ……………………………………………………  ……………………………………………………  ……………………………………………………  POSTCODE……………………………………. | NAME: ...........................................................    ADDRESS  ……………………………………………………  ……………………………………………………  …………………………………………………… POSTCODE……………………………………. |
| OCCUPATION ..................................................    PHONE .................................................... | OCCUPATION .................................................    PHONE .................................................. |
| **Please note that the Custody Visitor role is a highly valued, long term position which supports the UK National Preventative Mechanism under the United Nations Optional Protocol to the Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). Please be aware that the role should not just be regarded as a short-term work experience post to support degree/college courses or to enhance your CV.**  **PLEASE CONSIDER WHETHER YOU ARE ABLE TO COMMIT TO A LONG TERM VOLUNTEER ROLE, WHICH WILL REQUIRE ATTENDANCE AT TRAINING SESSIONS AND MEETINGS, BEFORE COMPLETING AND SUBMITTING THIS APPLICATION.**  DECLARATION  I AGREE TO THE OFFICE OF THE POLICE AND CRIME COMMISSIONER MAKING AN ENQUIRY IN CONNECTION WITH MY APPLICATION AS A VOLUNTEER. I HAVE READ THE INFORMATION SUPPLIED, CONCERNING THE DUTIES AND RESPONSIBILITIES OF AN INDEPENDENT CUSTODY VISITOR AND WOULD BE PREPARED, IF MY APPLICATION IS ACCEPTED, TO ATTEND TRAINING SESSIONS AND PANEL MEETINGS, 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:  **Vince Leyenda at:**  **OPCC for Humberside**  **Cottingham**  **East Yorkshire**  **HU165SN**  **Tel: 01482 220764**  **Email: pcc@humberside.pnn.police.uk** | |

