

INDEPENDENT CUSTODY VISITOR APPLICATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS		
SURNAME (BLOCK LETTERS)	TITLE	
FORENAMES (IN FULL)		
ANY OTHER NAMES 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)		
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.....		
.....		
POSTCODE.....		
HOW LONG HAVE YOU LIVED AT THIS ADDRESS?		
IF LESS THAN FIVE YEARS AT CURRENT ADDRESS PLEASE GIVE DETAILS OF FORMER ADDRESS:.....		
.....		
.....		
.....		
.....		
POSTCODE.....		

ARE YOU DISABLED OR DO YOU SUFFER FROM ANY MEDICAL CONDITION WHICH MAY AFFECT YOUR ABILITY TO CARRY OUT THE DUTIES OF AN INDEPENDENT CUSTODY VISITOR? YES/NO (If yes please give details, this will not necessarily affect your application)

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NAME & ADDRESS OF EMPLOYER

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.....

ARE YOU CURRENTLY A POLICE OFFICER OR SERVING IN THE SPECIAL CONSTABULARY?

YES / NO.....

ARE YOU CURRENTLY A MAGISTRATE?

YES / NO.....

WHY DO YOU WISH TO BE AN INDEPENDENT CUSTODY VISITOR?

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HOW DID YOU LEARN ABOUT INDEPENDENT CUSTODY VISITING?

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

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HAVING READ THE MATERIALS SENT WITH THIS APPLICATION FORM, 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)

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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. 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.

NB: INFORMATION PROVIDED UNDER THIS HEADING WILL NOT NECESSARILY DISQUALIFY AN INDIVIDUAL FROM BECOMING AN INDEPENDENT CUSTODY OFFICER.

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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)

A).....

ADDRESS

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POSTCODE.....

B).....

ADDRESS

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.....
.....

POSTCODE.....

OCCUPATION

PHONE

OCCUPATION

PHONE

DECLARATION

I AGREE TO THE POLICE AUTHORITY MAKING AN ENQUIRY 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 YOUR LOCAL POLICE AUTHORITY.
(COMPLETE LISTINGS ARE AVAILABLE AT www.icva.org/links)

OFFICIAL USE ONLY

ACTION

DATE

PNC CHECK SENT

PNC CHECK RETURNED

REFERENCES SENT

REFERENCES RETURNED

INVITED TO INTERVIEW

INTERVIEW

INVITED TO TRAINING

TRAINING

APPOINTMENT MADE