



APPLICATION FORM (Postal version)

1. Personal Details

Title	<input type="text"/>	Forenames (in full)	<input type="text"/>
Surname	<input type="text"/>		
Any other names by which you have been known	<input type="text"/>		
Home Tel	<input type="text"/>		
Work Tel	<input type="text"/>		
Mobile	<input type="text"/>		
Email	<input type="text"/>		
Permanent address of residence	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	How long have you lived at this address?	<input type="text"/>

If less than five years at current address, please give details of former address:

<input type="text"/>
<input type="text"/>

2. Employment Details

Name & address of employer (if applicable)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
If retired, nature of previous employment	<input type="text"/>		
Are you currently a police officer or serving in the special constabulary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you currently a magistrate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

3. Becoming an Independent Custody Visitor

Please explain why you wish to be an Independent Custody Visitor (please include any other information that you feel is relevant)

How did you learn about Independent Custody Visiting?

Have you ever been an Independent Custody Visitor before?

Yes No

If yes, please give details

Having read in the information sent with this application form, what skills, experience and qualities do you feel you possess if you were appointed? (please give details of any other voluntary work in which you have been involved)

4. Criminal Record

Have you ever been convicted of an offence punishable by imprisonment within the last five years, or have any criminal convictions, cautions, reprimands or final warnings? 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.

5. References

Please give details of two referees (not related to you) who have agreed to support your application

First Reference

Name	
Address	
Postcode	
Occupation	
Tel No.	

Second Reference

Name	
Address	
Postcode	
Occupation	
Tel No.	

6. Statement of Applicant

I agree to **The Office of the Sussex Police and Crime Commissioner** making an enquiry in connection with my application as an Independent Custody Visitor. I have read the information supplied to me concerning the duties and responsibilities of an Independent Custody Visitor. If my application is accepted, I would be prepared to make myself available 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

Name		Signature		Date	DD/MM/YYYY
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For further information & advice contact:
Sarah Friend • Tel: 01273 481269 • Email: sarah.friend@sussex-pcc.gov.uk

Please return completed application form to:
Sarah Friend • The Office of the Sussex Police & Crime Commissioner
Sackville House • Brooks Close • Lewes • East Sussex • BN7 2FZ

