



AVON AND SOMERSET POLICE AUTHORITY
Valley Road, Portishead, Bristol BS20 8JJ

Chief Executive: Moxley Cooper
Contact email: policeauthority@avonandsomerset.pnn.police.uk

Enquiries to: Sally Yates

Telephone (01275) 816038

Facsimile (01275) 816388

1 September 2008

Dear Applicant

Thank you for expressing an interest in applying to become a Custody Visitor with Avon and Somerset Custody Visiting Scheme. Please download and complete the [Application Form](#) (including monitoring questionnaire), and return it to:

The Business Manager
Avon and Somerset Police Authority
Valley Road
Portishead
Bristol
BS20 8JJ

email: policeauthority@avonandsomerset.pnn.police.uk

Within our website you can view a number of documents which support the application pack:

- [Role profile – Custody Visitor](#)
- [Person Specification - Custody Visitor](#)
- [Security Vetting Form \(this must be completed and returned with the application form\)](#)
- [An Overview of the Custody Visiting Scheme](#)

There are currently vacancies available across the force area. We look forward to hearing from you.

We wish you well with your application.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Moxley Cooper'.

Chief Executive of the Police Authority



RESTRICTED (when completed)

Official Use Only
Application Ref:

AVON AND SOMERSET POLICE AUTHORITY

Independent Custody Visitor Application Form

Please complete application form in **black ink** and **BLOCK CAPITALS**

Surname (current) (previous)

Forenames Title

Any other name(s) by which you have been known
(forenames or surnames)

National Insurance Number Nationality

Place of birth (Town, County & Country)

Please select which visiting panel you are applying to join (delete as appropriate):

**Bath / Bridgwater / Taunton / Weston-Super-Mare / Yeovil
Broadbury Road (Bristol) / Southmead (Bristol) / Staple Hill (Bristol) / Trinity Road (Bristol)**

Contact telephone number(s) / email address

Home Mobile Email

Permanent address for communication

.....

.....

..... How long have you lived at this address?

Postcode years months

Previous address in the last five years starting from the most recent
(Continue on a separate sheet if necessary)

Address

Address

.....

.....

.....

.....

Postcode

Postcode

Date (from – to)

Date (from – to)

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Have you ever been convicted of an offence or been reported and subsequently given an official written caution, warning or reprimand for any offence? (please tick ✓)

Yes No

If yes, please give details (*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.

.....
..... (continue on separate sheet if necessary)

Please provide details of two people, not related to you, who have agreed to be contacted by us to give their opinion on your suitability for appointment.

| | |
|--|--|
| Name | Name |
| Address | Address |
| Postcode | Postcode |
| Occupation | Occupation |
| Telephone Number | Telephone Number |
| Personal /Professional (delete as appropriate) | Personal /Professional (delete as appropriate) |

Are you, or have you been in the last five years, an officer/employee of the Avon and Somerset 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? (please tick ✓)

No Yes - If yes, please provide details

.....

Have you ever been an independent custody visitor before? (please tick ✓)

No Yes - If yes, please provide details

.....

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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 learnt of this voluntary activity. Please state whether it was through a publication, website or voluntary agency, or other.

.....
.....

Recent Occupations (continue on a separate sheet if necessary)

Please provide details of part-time and full-time employment or appointments over the past 10 years.

| Name and address of employer/appointing body | Dates position held (from/to) | Position held and nature of responsibility |
|---|--------------------------------------|---|
| | | |

Please provide details of any voluntary work you have done and experience you may have of working within the local community

| Name of body, interest group or community and address (if applicable) | Dates of your involvement (from / to) | Nature of your involvement including any positions of responsibility |
|--|--|---|
| | | |

Please provide details of any academic, professional and/or vocational qualifications

| Qualification | Date obtained |
|---------------|---------------|
| | |

Relevant Skills and Experiences

Please provide examples to demonstrate the extent to which you possess the following personal skills and qualities

- (a) The ability to work as part of a team, establishing and maintaining good working relationships with a wide range of people

- (b) An ability to communicate effectively orally and in writing

- (c) Experience of completing records

RESTRICTED (when completed)

(d) A capacity to treat all people with respect, value diversity and respond sensitively to difference

(e) Previous experience of working as a custody visitor or as an active volunteer within the community

(f) Ability to demonstrate a flexible approach to custody visits. A commitment to assisting to fill gaps in the rota where and when necessary

Why do you want to be a custody visitor?

Please provide the reasons behind your interest in volunteering as a custody visitor with the Avon and Somerset Police Authority Custody Visiting Scheme

Declaration

Disability

The Disability Discrimination Act defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities. Any disabled applicant meeting the essential criteria for appointment will be offered an interview.

Do you have a disability that you wish to disclose? **Yes** **No**

If **Yes**, please tell us about any specific access or support requirements that you have so that we can assist you through the interview process.

.....
.....

Declaration

I agree to the police authority making an enquiry in connection with my application to become 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 given in support of my application is, to the best of my knowledge and belief, true and complete, I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my applications may be disqualified or, if I have already been appointed, my appointment could be terminated.

| | | |
|--------------|------------------|------------|
| Signed | Print name | Date |
|--------------|------------------|------------|

DATA PROTECTION ACT 1998

Please note that the information supplied on this form may be held and the enquiries made in processing your application may include reference to personal data held on police computers or manual files. The information provided in this application will be treated in the strictest of confidence.

Please return this completed application form – together with the accompanying Equality Monitoring Form – via post or e-mail to:

The Business Manager
Avon and Somerset Police Authority
Valley Road
Portishead BS20 8JJ

E-mail: policeauthority@avonandsomerset.pnn.police.uk

If you have any questions or queries, please contact the Members’ Support Desk for further information on 01275 816377.

Thank you for completing this form.

Equality Monitoring Form

Avon and Somerset Police Authority is committed to ensuring that its selection processes are fair, inclusive and promote equality of opportunity for all people and communities.

By completing this form you will help us to monitor the effectiveness and fairness of our procedures. The information you provide will be used for equality monitoring purposes only. It will not be made available to those assessing your application, and forms no part of the selection process.

Nationality

Age

- 18-29 30-39
- 40-49 50-59
- 60-69 70+

Gender

- Male
- Female

Gender / Transgender identity

If your gender identity is different from the gender that you were assigned at birth, please indicate your gender identity below

- Male
- Female
- Other
- Prefer not to say whether my gender identity is different from my assigned gender

Sexual orientation

- Bisexual
- Gay or Lesbian
- Heterosexual
- Other
- Prefer not to say

Ethnic origin

- Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other (please specify)

- Black or Black British

- Caribbean
- African
- Other (please specify)

- Chinese or Chinese British

- Chinese or Chinese British

- Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Other (please specify)

- White

- British
- Irish
- Other (please specify)

- Other ethnic group

- Any other background (please specify)

- I do not know my ethnic origin

Religious belief or faith

(include denomination under 'other' if you wish)

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other (please specify)

-
- None
 - Prefer not to say

Caring responsibilities

Are you personally responsible for the care of another person? (please tick all that apply)

- A child or children
- A dependent elderly person

Disability

The Disability Discrimination Act 1995 says that a person is disabled if they have, or have recovered from, a physical or mental impairment that has a substantial and long-term adverse effect on ability to carry out normal day-to-day activities.

This can include people who have difficulties with mobility, dexterity, coordination, speech, hearing, or eyesight (except when corrected by glasses), and those living with visible disfigurements or long-lasting conditions controlled by medication (such as epilepsy or diabetes). People with HIV, cancer or multiple sclerosis are automatically treated as disabled.

Do you consider yourself to be disabled?

- Yes
- No

Applicant's full name
(please use BLOCK capitals)



A V O N A N D S O M E R S E T C O N S T A B U L A R Y

VETTING APPLICATION FORM FOR NON – POLICE PERSONNEL

(Consultants / IT Contractors / Partnerships / Agency staff)

This form is for applicants who are not employee's of the constabulary, but provide services to the constabulary under some other form of contract, **where they WILL require access to the sensitive information held and/or will require regular un-supervised access to police premises.**

| | |
|---|--|
| <p>The Avon and Somerset Constabulary have a vetting policy in compliance with the National Vetting Policy for the Police Community 2004.</p> <p>These policies set out recommended practices and procedures to ensure the staff working within the police environment maintain the integrity of our systems, and the confidence of the general public. Police vetting is an on-going process throughout a persons career and some changes in domestic circumstances, or some convictions, can require the vetting to be conducted again.</p> <p>The vetting process is conducted against a number of criteria which are specified in the National Policy and Home Office</p> | <p>Guidelines which includes criminal convictions. Members of the applicants family listed on this form are also checked to identify possible compromises where a conflict of interests could occur.</p> <p>You can be assured that the information provided for vetting will be treated in confidence but no immunity can be granted in respect of discipline or criminal matters revealed during the process. The Rehabilitation of Offenders Act 1974 (spent convictions) does not apply when taking employment with the Police.</p> <p>Any infringement of an individuals rights under the Data Protection Act 1998 or Articles 8 and 14 of the Human Rights Act will only be that which is necessary and proportionate.</p> |
|---|--|

FOR OFFICIAL USE BY THE CONSTABULARY STAFF ONLY

Site Admin / Department booking the / Contractor / Consultant /Agency Staff.

In order for this form to be returned to the correct department, please complete your details below BEFORE sending the form to be completed by applicant.

Department:

Address:

Contact:

Tel No: Fax No:

Start date for contractor: / / Est. end date: / /

Role for contractor:

Where working:

Applicant's full name
 (please use BLOCK capitals)

Question 1. Applicants details:

Please use BLOCK capitals

Family name:.....

Forenames:.....

Maiden name/Other previous last names:

.....

Date of birth: / / Place of birth:..... Gender: Male Female

Nationality: National Insurance No:

Full permanent address:.....

.....

Postcode: This address since:

| Any other address(es) during last 5 years: | From (month/year) | To (month/year) |
|--|-------------------|-----------------|
| 1) | | |
| | | |
| 2) | | |
| | | |
| 3) | | |
| | | |

Question 2. Applicants current employer:

Company / Agency name:

..... Tel:

Question 3. Other residents (over 10 years old) living with applicant:

Are there any other occupants living with the applicant:

YES NO

If you have answered YES please complete question 4 on next page.

If NO go to question 5,

| |
|--|
| Applicant's full name (please use BLOCK capitals) |
|--|

Question 4. Others residing with applicant (over 10 years old):

| Relationship to applicant (spouse / partner / son / daughter / lodger, etc) | Full name (including any previous last names) | Date and place of birth |
|---|--|-------------------------|
| | | Date: Place: |
| | | Date: Place: |
| | | Date: Place: |
| | | Date: Place: |
| | | Date: Place: |

Question 5. Declaration by applicant: (Please read, sign and date)

| | |
|--|--|
| <p>I declare that I have read and understood the questions set out in this application.</p> <p>I understand that it will be assumed by the police that I have informed the persons named in this application that their details have been submitted as part of my vetting process and that it will not be possible to inform me of the results of all the checks made.</p> <p>I declare that the information I have provided is true and complete to the best of my knowledge and belief.</p> <p>I understand that if I have knowingly made a false statement, or a deliberate omission, in the information I have provided in this form, I may be disqualified from this application or could be dismissed later. Such deliberate actions by me could result in a criminal investigation</p> <p>I understand that vetting is an on-going process and I undertake to notify the Avon and Somerset Vetting Officer of any material changes in the information I have provided in this</p> | <p>form eg., change of partner, court convictions. Where there are no material changes, my vetting will remain valid for twelve months.</p> <p>I understand that if my application for a vetting clearance is refused, I can ask within 14 days to have the decision reviewed but the constabulary reserve the right not to inform me of the reasons where it could compromise the security of the information or breach legislation.</p> <p>I also understand that the information used in the vetting process is treated in a confidential manner, although no immunity can be granted in respect of discipline or criminal matters revealed. In such cases, information contained within this questionnaire may be disclosed in any subsequent proceedings.</p> <p>Proof of identity can be requested at any time and the Avon and Somerset Constabulary retain the right to remove or refuse access to any police premises.</p> |
| Signed: Date: | |

| |
|--|
| Applicant's full name (please use BLOCK capitals) |
|--|

FOR OFFICIAL USE BY CONSTABULARY STAFF ONLY:

| Date to contractor | Return date | Comments |
|----------------------|-------------|----------|
| | | |
| Date to vetting unit | Return date | Results |
| | | |

VETTING UNIT COMMENTS (if applicable):

| Comments by vetting unit (if applicable) | Name |
|--|------|
| | |