



Residents' Panel Application Form

Personal details

Surname:	Title:
Forenames (in full):	
Any other names by which you have been known:	
Date of birth:	Place of birth:
Nationality:	National Insurance No.:

Contact details:

Address (including postcode):	
How long have you lived at the above address?	
If less than 5 years, please provide your previous address: (continue on separate sheet if necessary)	
Home Tel. No.:	Mobile Tel. No.:
Work Tel. No.:	Email address:
What is your preferred means of communication:	

Please provide the names and addresses of two referees, not related to you, who have agreed to support your application:

Name: Address: Occupation: Contact no.: Email address:	Name: Address: Occupation: Contact no.: Email address:
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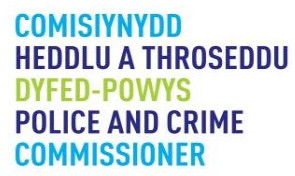
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HEDDLU A THROSEDDU
DYFED-POWYS
POLICE AND CRIME
COMMISSIONER

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).

Please tell us why you would like to become a member of the Commissioner's Residents' Panel.

Taking in to account the 'Residents' Panel Volunteer – Role Profile and Role Specification' documents, please tell us what skills, experience and qualities you feel you would bring to the Residents' Panel. (continue on separate sheet if necessary)





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How did you find out about the Residents' Panel? (Please tick)

Commissioner's website		Facebook	
Dyfed-Powys Police website		Twitter	
Newspaper		By email	
Other website (please note)		Through a professional body (please note)	
Other (please note)			

Declaration

I agree to the Office of the Police and Crime Commissioner 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 a member of the Residents' Panel and would be prepared, if my application is accepted, to attend the 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 subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, my appointment may be terminated.

Name (printed):

Name (signature):

Date (DD/MM/YYYY):

Please return your completed Application Form and Equality Monitoring Form to:
Hannah Hyde
Casework Support Officer
Office of the Police and Crime Commissioner
PO Box 99
Police Headquarters
Llangunnor
Carmarthen
SA31 2PF