



## NORTH YORKSHIRE INDEPENDENT CUSTODY VISITING SCHEME

### APPLICATION FORM

Please complete in **block capital letters**.

If there is not enough room for your answers please use a separate sheet.

Title:

Forenames (in full):

Surname:

Any other names by which you have been known:

Date of birth:

Place of birth:

Nationality:

National insurance number:

#### Contact details:

Home telephone:

Mobile:

Work/other telephone:

May we contact you on your work telephone number?

☐ YES

☐ NO

Email address:

Permanent address:

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? If yes please give details, this will not necessarily affect your application.

Please tell us about your occupation or previous occupation if retired or currently not working:

Name and address of employer:

Have you or your partner, previously served or are currently serving, as a police officer or special constable?

☐ YES ☐ NO If yes please give details:

Are you, or your partner, currently or previously, holding a post within the criminal justice system e.g. magistrate /solicitor?

☐ YES ☐ NO If yes please give details:

What do you think the role of an independent custody visitor is?

Why are you interested in becoming an independent custody visitor?

Have you ever been an independent custody visitor before? – if yes please give details:

Having read the materials sent with this application form, what skills, qualities and experience do you feel you would bring to the role (please also give details of any other voluntary work in which you have been involved):

Have you 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 disqualify or affect your application. Offences covered by the rehabilitation of offenders act 1974 if spent need not be listed.**

Please give details, including initials, occupation and correct form of address, of two referees not related to you, who have agreed to support your application.

Name:

Occupation:

Address:

Postcode:

Email address:

Contact number:

Name:

Occupation:

Address:

Postcode:

Email address:

Contact number:

Where did you learn about independent custody visiting:

**DECLARATION**

I agree to the police & crime commissioner making an enquiry in connection with my application as a volunteer and if my application is successful agree to formal vetting checks. 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 interview and training sessions as necessary and complete the appropriate undertaking in respect of confidentiality and commitment.

I certify that the information I have provided is accurate to the best of my knowledge and belief.

SIGNED:

DATE:

**Please return the form to the scheme administrator using the following freepost address or via e-mail.**

Office of the Police & Crime Commissioner  
FREEPOST RTCL-AGAE-TRTS,  
12 Granby Road,  
Harrogate  
HG1 4ST

Tel: 01423 569562

Email: [info@northyorkshire-pcc.gov.uk](mailto:info@northyorkshire-pcc.gov.uk)

Website: [www.northyorkshire-pcc.gov.uk](http://www.northyorkshire-pcc.gov.uk)