

**INDEPENDENT CUSTODY VISITING SCOTLAND**

**APPLICATION**

**PLEASE ANSWER ALL APPLICABLE QUESTIONS**

**PERSONAL DETAILS:**

|  |  |  |
| --- | --- | --- |
| SURNAME: Click here to enter text. | TITLE: Choose an item. | |
| FORENAMES:Enter Forename(s) | | |
| OTHER NAME(S) BY WHICH YOU HAVE BEEN KNOWN:Click here to enter text. | | |
| DATE OF BIRTH: Click here to enter a date. | | NATIONALITY:Click here to enter text. |
| PLACE OF BIRTH:Click here to enter text. | | |

**CONTACT DETAILS:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PERMANENT ADDRESS:  Mhw8gz9oy9l1hXRDUgRhjrrZK+kpBlp5uz0IhQ+87ZJqddvxaQSG8054zQqZT61D2kr0S96K1u0tCzlV3bvFkBRoZbWEdn+uDRqTEeJNFY5KKA9kl8OG+dCgkxKYPnx9HeCzaX9ftpItac+ZY6Ly+doOHMWE/taDk9LgQcX/bVM= | | | | Click here to enter text. | | | | | |
| ADDRESS: | | Click here to enter text. | | | | | | | |
| POSTCODE: | | | Click here to enter text. | | |
| HOW LONG HAVE YOU BEEN AT THIS ADDRESS: | | | | | | | | FROM:Click here to enter a date. | |
| TO:Click here to enter a date. | |
| PREVIOUS | Click here to enter text. | | | | | | | | |
| ADDRESS | Click here to enter text. | | | | | | | | |
| POSTCODE: | | | Click here to enter text. | | | |
| HOW LONG DID YOU LIVE AT THIS ADDRESS: | | | | | | | | FROM:Click here to enter a date. | |
| TO:Click here to enter a date. | |
| CONTACT TELEPHONE NUMBER (S) (Inc. STD Code) (please indicate preferred method of contact) | | | | | | | | | |
| HOME: Click here to enter text. | | | | | BUS:Click here to enter text. | | | | MOBILE:Click here to enter text. |
| E-mail ADDRESS:Click here to enter text. | | | | | | | | | |

**EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| CURRENT OCCUPATION:Click here to enter text. | | | |
| NAME OF EMPLOYER:Click here to enter text. | | | |
| ADDRESS:Click here to enter text. | | | |
| TIME WITH CURRENT EMPLOYER: | FROM:Click here to enter a date. | | TO:Click here to enter a date. |
| POSTCODE:Click here to enter text. | | TEL NO: Click here to enter text. | |
| PREVIOUS EMPLOYER *(If less than 3 years or retired)* | | | |
| Click here to enter text. | | | |
| ADDRESS:Click here to enter text. | | | |
| TIME WITH PREVIOUS EMPLOYER: | FROM:Click here to enter a date. | | TO:Click here to enter a date. |
| POSTCODE:Click here to enter text. | | TEL NO:Click here to enter text. | |

**CONFLICTS OF INTEREST**

IF YOU ARE UNSURE OF ANY QUESTION PLEASE RELATE TO THE APPLICATION GUIDANCE DOCUMENT

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| ARE YOU CURRENTLY A POLICE OFFICER OR SERVING AS A SPECIAL CONSTABLE? |
| Click in box as appropriate: **YES**  **NO** |
| HAVE YOU EVER BEEN A POLICE OFFICER OR SPECIAL CONSTABLE? |
| Click in box as appropriate: **YES**  **NO** |
| IF **YES** PLEASE SUPPLY DETAILS OF (SERVICE/DIV,RANK, FROM/TO) |
| Click here to enter text. |
| ARE YOU RELATED TO ANY MEMBER OF THE POLICE SERVICE? |
| Click in box as appropriate: **YES**  **NO** |
| IF **YES** PLEASE SUPPLY DETAILS OF (RELATIONSHIP/RANK/DIV) |
| Click here to enter text. |
| ARE YOU CURRENTLY EMPLOYED OR WORKING WITHIN CRIMINAL JUSTICE? |
| Click in box as appropriate: **YES**  **NO** |
| If **YES** PLEASE SUPPLY DETAILS: |
| HAVE YOU EVER BEEN A CUSTODY VISITOR BEFORE? |
| Click in box as appropriate: **YES**  **NO** |
| IF **YES** PLEASE SUPPLY DETAILS: |
| Click here to enter text. |

**REFERENCES**

IF YOU ARE UNSURE OF ANY QUESTION PLEASE RELATE TO THE APPLICATION GUIDANCE DOCUMENT

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| --- | --- | --- |
| **REFERENCE 1** | | |
| NAME:Click here to enter text. | | |
| ADDRESS:Click here to enter text. | | |
| POSTCODE:Click here to enter text. | | TEL NO:Click here to enter text. |
| OCCUPATION:Click here to enter text. | | |
| RELATIONSHIP TO YOU:Click here to enter text. | | |
| MAY WE CONTACT PRIOR TO INTERVIEW? **YES  NO** | | |
| **REFERENCE 2** | | |
| NAME:Click here to enter text. | | |
| ADDRESS:Click here to enter text. | | |
| POSTCODE:Click here to enter text. | TEL NO:Click here to enter text. | |
| OCCUPATION:Click here to enter text. | | |
| RELATIONSHIP TO YOU:Click here to enter text. | | |
| MAY WE CONTACT PRIOR TO INTERVIEW? **YES  NO** | | |

**PERSONAL CIRCUMSTANCES**

IF YOU ARE UNSURE OF ANY QUESTION PLEASE RELATE TO THE APPLICATION GUIDANCE DOCUMENT

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| HAVE YOU EVER BEEN CONVICTED OF OR HAVE ANY PENDING CRIMINAL OFFENCES WITHIN THE LAST FIVE YEARS, OR SERVED A TERM OF IMPRISONMENT OR DETENTION, OR HAVE ANY CRIMINAL CONVICTIONS? |
| Click in box as appropriate: **YES**  **NO** |
| IF **YES,** PLEASE SUPPLY DETAILS: |
| Click here to enter text. |
| **YOU SHOULD INCLUDE CONVICTIONS WHICH ARE SPENT IN TERMS OF THE REHABILITATION OF OFFENDERS ACT 1974.**  **NB: INFORMATION PROVIDED UNDER THIS HEADING WILL NOT NECESSARILY**  **DISQUALIFY AN INDIVIDUAL FROM BEING AN INDEPENDENT CUSTODY VISITOR.** |

**RELEVENT EXPERIENCE**

IF YOU ARE UNSURE OF ANY QUESTION PLEASE RELATE TO THE APPLICATION GUIDANCE DOCUMENT

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| HAVING READ THE MATERIAL AVAILABLE, WHAT SKILLS, EXPERIENCE AND QUALITIES DO YOUR FEEL YOU CAN BRING TO THE ROLE IF YOU WERE APPOINTED? |
| Click here to enter text. |
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**FURTHER INFORMATION**

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| --- |
| WHY DID YOU WISH TO BECOME AN INDEPENDENT CUSTODY VISITOR? |
| Click here to enter text. |
| HOW DID YOU LEARN ABOUT INDEPENDENT CUSTODY VISITING?  Choose an item. |

**DECLARATION**

**I AGREE TO THE SCOTTISH POLICE AUTHORITY MAKING ANY ENQUIRIES IN CONNECTION WITH THIS APPLICATION REGARDING ANY RECORDS OF CONVICTIONS OR PENDING CRIMINAL PROCEDURES. 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.**

**PLEASE NOTE THAT THE CHIEF CONSTABLE SHALL RETAIN THE RIGHT TO RAISE AN OBJECTION TO ANY PROPOSED APPOINTMENT OR AT ANY TIME THROUGHOUT THE TENURE OF A CUSTODY VISITOR ON THE GROUNDS THAT HE/SHE CONSIDERS THAT PERSON TO BE UNSUITABLE TO ACT AS AN INDEPENDENT CUSTODY VISITOR.**

**I DECLARE THAT THE INFORMATION I HAVE PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**SIGNED:**Click here to enter text. **DATE:** Click here to enter a date.

**Please complete and return to:**

[**icvs@spa.police.uk**](mailto:icvs@spa.police.uk)

Or If you wish to post: Scottish Police Authority, ICVS, 1 Pacific Quay, Glasgow G51 1DZ