

 **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

|  |
| --- |
| 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

|  |
| --- |
| **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

|  |
| --- |
| 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

|  |
| --- |
| 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.  |
|  |
|  |
|  |
|  |

**FURTHER INFORMATION**

|  |
| --- |
| 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**

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