



Metropolitan Police Authority

Independent Custody Visitor Application Form

Please complete in manuscript or typescript. A copy of the forms can also be downloaded from the MPA website: www.mpa.gov.uk/partnerships/icv

1. PERSONAL DETAILS

Family/ Second Name Title (Dr., Mr., Mrs., Miss, Ms etc.)

First Name(s)..... Email Address.....

Permanent home address.....

..... Postcode.....

Telephone (Home)..... Telephone (Mobile).....

2. MAIN OCCUPATION AND VOLUNTARY OR PUBLIC SERVICE

Employment Status Job Role/Employer (if applicable)

In which London borough do you work or study (if applicable)?

Are you are: A Serving Magistrate? Yes/No* *Delete as appropriate

A Police Officer, a member of Police Staff, or a Special Constable? Yes/No*

A Metropolitan Police Service Volunteer? Yes/No*

Involved in any other Criminal Justice Work? Yes/No

If Yes please specify.....

Please note that if you answer yes to any of the above questions you might not be eligible to become a custody visitor.

Do you volunteer for any other organisation? If Yes please specify.....

3. AVAILABILITY

Please circle the times when you **are available** to carry out visits (you would normally be expected to carry out one visit a month)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM
EVE	EVE	EVE	EVE	EVE	EVE	EVE

Where would you prefer to volunteer? (Please specify a borough where you either live, work or study).....

Although you will normally be asked to make visits in the borough you specify above, would you be prepared to make visits in other boroughs should this be required? Yes/No* *Delete as appropriate

4. INFORMATION IN SUPPORT OF APPLICATION

Please provide any other information you consider relevant to your application and your reasons for wanting to become an Independent Custody Visitor.....

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5. REFERENCES

Please provide the names and address' of 2 persons not related to you, who have agreed to support your application:

Name	Name
Address	Address
.....
Tel:	Tel:
Email:	Email:.....

6. CONVICTIONS

Have you ever been convicted of a criminal offence other than one that is spent under the Rehabilitation of Offenders Act (1974)?
Saying yes to this will not necessarily prevent the success of your application.

Yes/No* *Delete as appropriate

Please note: Volunteers applying to become ICVs are required to undergo security checks which are carried out by the Metropolitan Police Service vetting department on behalf of the MPA. The MPA will not be able to appoint any applicant who fails that vetting process. Any criminal conviction you have had in the last 10 years, or police caution in the last 3 years, may seriously affect your chances of successful vetting clearance. You are required to have resided in the UK for the last three years in order to be vetted.

7. DISABILITY AND HEALTH

Please let us know if you require any reasonable adjustments, due to a disability or health condition, to enable you to attend an interview, or perform the duties of an independent custody visitor.

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8. DECLARATION

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 application may be disqualified or, if I have already been appointed, I may be dismissed.

I declare that I am aged 18 years or over.

Signature of applicant.....Date.....

WHAT TO DO NOW

After completing the Application Form and signing it, and completing the Monitoring Information Form, send the forms to the following freepost address: **ICV Coordinator, MPA, FREEPOST, LON17808, London, SW1H 0DY.**

Thank you for completing and returning these forms.

All applications will be assessed according to the criteria outlined in the Information Pack which accompanies this application form. Applications for voluntary appointment are made on the understanding that the MPA has the right to reject any applicant without giving a reason.

Personal data supplied on this Application Form will be held and processed by the MPA in accordance with the Data Protection Act.

Monitoring Information Form

Please note - completion of all or any parts of this form are optional and information is for statistical use only. It is not used for the purposes of selection. This section of the form is detached upon receipt.

What is your gender? (Please tick appropriate box)

Male Female Trans Male Trans Female

Other (please specify)

What is your sexuality? (Please tick appropriate box)

Bisexual Gay Heterosexual Lesbian

What is your date of birth?

..... Day Month Year

What is your age group (Please circle appropriate)?

Under 20 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65+

Would you describe yourself as having a disability? (Please tick appropriate box)

Yes No

Under the Disability Discrimination Act 1995, a disability is defined as a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day-to-day activities such as those involving mobility, manual dexterity, physical co-ordination, speech, hearing, eyesight or communication, or a permanent condition which is controlled by medication, e.g. diabetes, epilepsy.

What is your faith/religion? (Please tick appropriate box)

Buddhism Christian Hinduism

Islam Judaism Sikhism

None at all Other (please specify)

What is your ethnic group?

Choose ONE section from A to E, then tick appropriate box to indicate you cultural background:

A. Asian or Asian British

Bangladeshi Indian Pakistani

Other (please specify)

B. Black or Black British

African Caribbean Other (please specify)

C. Chinese or Chinese British

Chinese Other (please specify)

D. Mixed

White & Black Caribbean

White & Black African

White & Asian

Other (please specify)

E. White

British

Irish

Other (please specify)

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