

Application Form – Quality Assurance Panel Member			
1. Personal Details			
Surname:		Title:	
Forename(s):			
Previous name(s):			
Place of birth:		Date of birth:	
Nationality:		Age:	
National Insurance No.:			
Address:			
How long have you lived at the above address?			
If less than 5 years, please give previous address:			
Telephone:	Home:		
	Work:		
	Mobile:		
Email address:			
Your preferred means of communication:			

2. Employment	
Are you employed / retired / volunteering / studying?	
If employed / volunteering / studying, please provide the name and address of your present employer / place of study:	

If retired / unemployed, please provide the name and address of your last employer:	
---	--

3. How did you hear about the Quality Assurance Panel?

--

4. Why do you wish to become a Quality Assurance Panel Member?

--

5. Skills, experience and qualities

Having read the Panel Handbook (including the Role Specification), what skills, experience and qualities do you feel you would bring to the Panel if appointed?

--

6. Independence

Are you currently a serving member of a Police Force or Police and Crime Commissioner's Office?	Yes	No
Are you currently involved in the Criminal Justice System? If yes, please provide details below:	Yes	No

7. Transport details

Do you possess a full driving licence?	Yes	No
Do you have access to a vehicle which you would be able to use to carry out your duties a Quality Assurance Panel Member?	Yes	No
If you do not have a driving licence / access to a vehicle, how would you travel in order to carry out your duties as a Quality Assurance Panel Member?		

8. Access arrangements

Do you require any reasonable adjustments to enable you to attend an interview and subsequent training day?	Yes	No
If yes, please provide detail below:		

9. Consent to vetting and security checks

Quality Assurance Panel Members have access to a vast amount of confidential information.

We are therefore required to carry out an appropriate level of security vetting before we can confirm appointment as a Quality Assurance Panel Member.

If successful at interview, you will be asked to complete the appropriate Non-Police Personnel Vetting Questionnaire. Any offer of appointment will be subject to satisfactory vetting clearance.

I confirm that I am willing to complete the necessary vetting forms if requested and that I consent to vetting and security checks being carried out in connection with my application to become a Quality Assurance Panel Member.

Signed:		Date:	
---------	--	-------	--

10. References

Please give the names and addresses of two people who will act as referees for you regarding your suitability as a Quality Assurance Panel Member. These should probably be current or recent employers, teachers / tutors, or those who know you in your volunteering capacity. Please do not choose relatives, serving Police officers or those who have left Dyfed-Powys Police in recent years.

Referee 1:

Name:	
Address:	
Occupation:	
Phone:	
Email:	

Referee 2:

Name:	
Address:	
Occupation:	
Phone:	
Email:	

11. Declaration

I agree to the Office of the Police and Crime Commissioner making an enquiry in connection with my application as a volunteer.

I would be prepared, if my application is accepted, to attend training sessions as necessary and complete the appropriate undertaking in respect of confidentiality.

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

Signed:		Date:	
---------	--	-------	--

To be returned to OPCC, PO Box 99, Llangunnor, Carmarthen, SA31 2PF