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| **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: | | |  | |

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| If retired / unemployed, please provide the name and address of your last employer: |  |
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| **3. How did you hear about the Quality Assurance Panel?** | |
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| **4. Why do you wish to become a Quality Assurance Panel Member?** | |
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| **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? | |
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| **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: | | | | | |
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| **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: | |  | |

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| **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: | |  | | |
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| **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

OR emailed to [opcc@dyfed-powys.pnn.police.uk](mailto:opcc@dyfed-powys.pnn.police.uk)