

CONFIDENTIAL: WHEN COMPLETE



APPLICATION FORM

for appointment as an

INDEPENDENT MEMBER

of Panels for

MISCONDUCT HEARINGS

Ref. No.	
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1. PERSONAL DETAILS

TITLE (Mr/Mrs/Ms/Dr etc.)

NAME IN FULL (Please also give any other names by which you have been known)

PERMANENT HOME ADDRESS

HOW LONG HAVE YOU LIVED AT THIS ADDRESS?

DAYTIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER	E-MAIL ADDRESS

DATE OF BIRTH	PLACE OF BIRTH

2. WHAT SKILLS AND EXPERIENCE DO YOU HAVE?

Please say what skills, experience and qualities you would bring to the role of independent member of a misconduct panel. You may find it helpful to refer to the job description and person specification in preparing your answer (please continue on a separate sheet if necessary).

3. WHAT IS YOUR UNDERSTANDING OF THE ROLE OF AN INDEPENDENT MEMBER?

Please say what you understand to be the role of an independent member of a misconduct panel and what added value this brings to the process.

4. ACTIVITY HISTORY FOR LAST 10 YEARS (most recent first)

Please provide details of part-time and full-time employment as well as any voluntary work, career breaks or any work you do, or have done, in the local community.

Name and address of employer/organisation	Dates	Position held and nature of responsibility

5. OTHER RELEVANT INFORMATION

Please give details of any other relevant information, for example educational, vocational or other qualifications.

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6. REFERENCES

Please give details of two people, not related to you, who have agreed to be contacted by us about your application.

1. Name		2.Name	
Address		Address	
Tel No:		Tel No:	
Position		Position	

7. CONVICTIONS

Please note that a criminal record check will be made on all successful applicants prior to appointment. The interview panel reserves the right not to appoint if any issue of concern subsequently arises from an applicant's criminal record check.

8. RELATIONSHIPS

Are you related to, or do you have a close friend, who is a Police and Crime Commissioner for Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk, an employee of those PCCs, or an officer or employee of the Constabulary for those areas? If yes, please provide full details.

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9. HOW DID YOU HEAR ABOUT THIS POSITION?

We would like to know how you learned that we were looking for Independent Members to help us in the future. If it was through a newspaper or other publication, please state its name or title and date or if it was on the Internet, please give details of the website.

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10. PLEASE SIGN AND DATE THIS FORM

I declare that the information I have given is true and complete.
Signed.....Date.....

11. WHAT TO DO NOW

<p>Please return this completed Application Form and Monitoring Questionnaire by Friday, 14 February 2014 via post to the</p> <p>Lynsey Brown Office of the Police and Crime Commissioner for Cambridgeshire South Cambridgeshire Hall Cambourne Business Park Cambourne Cambridge CB23 6EA</p> <p>Applications will not be acknowledged unless accompanied by a stamped addressed envelope.</p>
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If you have any questions or queries or require further information please contact

Lynsey Brown on 01954 71 3261 or Lynsey.brown@cambs.pnn.police.uk.