



**DYFED POWYS POLICE AUTHORITY**  
**INDEPENDENT CUSTODY VISITOR SCHEME**

**APPLICATION FORM**

**Personal Details:**

Surname \_\_\_\_\_ Title \_\_\_\_\_

Forenames (in full) \_\_\_\_\_

Any other names by which you have been known \_\_\_\_\_

Place of birth \_\_\_\_\_ Date of birth \_\_\_\_\_

National insurance no \_\_\_\_\_ Nationality \_\_\_\_\_

**Contact Details:**

Address (including postcode): \_\_\_\_\_

How long have you lived at the above address \_\_\_\_\_

If less than 5 years, please give previous addresses \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Work Tel No: \_\_\_\_\_

Mobile Tel No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred means of communication: \_\_\_\_\_

Why do you wish to be an Independent Custody Visitor? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What skills, experience and qualities do you feel you would bring if you were appointed? (Please give details of any other voluntary work in which you have been involved).

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Have you ever been an independent custody visitor before? If yes please give details: \_\_\_\_\_

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How did you learn about the independent custody visitor scheme? \_\_\_\_\_

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Are you currently a serving member of the Police Force or Police Authority, or are you involved in the criminal justice system? Yes / No

**HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE PUNISHABLE WITH IMPRISONMENT WITHIN THE LAST FIVE YEARS, OR HAVE ANY CRIMINAL CONVICTIONS?** (If Yes, please give details. The completion of this question and provision of this information is a requirement in all applications but may not necessarily affect your application. Offences covered by the Rehabilitation of Offenders Act 1974 if spent need not be listed).

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Name and address of employer: \_\_\_\_\_

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Please give names and addresses of two referees, not related to you, who have agreed to support your application:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

Address \_\_\_\_\_

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Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**DECLARATION**

I agree to the Police Authority 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 .....

WHEN COMPLETED PLEASE RETURN THIS FORM TO:

Chief Executive  
Dyfed Powys Police Authority  
Police Headquarters  
Llangunnor  
Carmarthen  
SA31 2PF

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*For Official Use Only*

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