**RESTRICTED: WHEN COMPLETE**

**OFFICE OF THE POLICE AND CRIME COMMISSIONER FOR NORTHUMBRIA**

**APPLICATION FORM**

**for appointment as an**

**INDEPENDENT MEMBER**

**of Panels for**

**MISCONDUCT HEARINGS**

|  |  |
| --- | --- |
| Ref. No. |  |

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?**

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| --- |
| 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?**

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| 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 |
|  |  |  |

1. **OTHER RELEVANT INFORMATION**

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

**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 either the Police and Crime Commissioner for Northumbria, an employee of the PCC, or an officer or employee of Northumbria Police? If yes, please provide full details. |
|  |

**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**

|  |
| --- |
| Please return this completed Application Form and Monitoring Questionnaire by  Friday 7th March 2014 to:  Mr Dean Lowery  Office of the Police and Crime Commissioner for Northumbria  Victory House  Balliol Business Park  Benton Lane  Newcastle upon Tyne  NE12 8EW |

**If you have any questions or queries or require further information please contact**

Mr Dean Lowery

Office of the Police and Crime Commissioner for Northumbria

Victory House

Balliol Business Park

Benton Lane

Newcastle upon Tyne

NE12 8EW

E-mail: dean.lowery@northumbria-pcc.gov.uk

Telephone: (0191) 221 9800



**Monitoring Questionnaire**

The Police and Crime Commissioner is firmly committed to promoting equality of opportunity for all local people and communities, irrespective of gender, ethnic origin, disability, religious belief, sexual orientation, age, or any other factor. We therefore ask you to complete this questionnaire to enable us to monitor the effectiveness and fairness of our policy and processes. This information is for statistical monitoring purposes only. **It will not form part of the selection process.**

Reference No.

|  |  |
| --- | --- |
| **Age**  <25  26-40  41-55  >55  **Gender**  Male  Female  **Gender identity** (optional)  If your identity as transsexual or transgender (in that you have effected a permanent change of gender identity) or as intersex, please state which group you identify with  Transsexual  Transgender  Intersex  **Sexual orientation**  Bisexual  Gay or lesbian  Heterosexual  Prefer not to say  **Disability**  Yes  No  Under the Disability Discrimination Act 1995 and Disability Discrimination Act (Amendment) 2005, a person is disabled if they have (or have recovered from) a physical or mental impairment (including learning disabilities) which has a substantial and long-term adverse effect on their ability to carryout 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 or epilepsy. Individuals with HIV, cancer or multiple sclerosis are automatically treated as disabled.  **Current Working hours**  Part-time  Full-time | **Ethnic origin**  **White**  British  Irish  Any other White background  **Mixed**  White and Black Caribbean  White and Black African  White and Asian  Any other Mixed background  **Asian or Asian British**  Indian  Pakistani  Bangladeshi  Any other Asian background  **Black or Black British**  Caribbean  African  Any other Black background  **Chinese or other ethnic group**  Chinese  Any other background  Please specify  **Religious belief or faith**  Buddhist  Christian  State Denomination if you wish  Hindu  Jewish  Muslin  Sikh  None  Any other religious belief or faith  Please specify  Prefer not to say |

**Thank you for completing this form**