**Application Form for Independent Panel Member for Misconduct Hearings in Thames Valley**

**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?** |
|  |

|  |
| --- |
| **IF LESS THAN FIVE YEARS AT THIS ADDRESS, PLEASE GIVE DETAILS OF YOUR PREVIOUS 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 hearing panel. (Please continue on a separate sheet if necessary).** |
|  |

**3. WHAT IS YOUR UNDERSTANDING OF THE ROLE?**

|  |
| --- |
| **What do you consider to be the main challenges of the role? What appeals to you about this role?** |
|  |

**4. WORK 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** | **Dates** | **Position held and nature of responsibility** |
|  |  |  |

**5.**

|  |
| --- |
| **Please provide details of any relevant qualifications that you believe may assist you in this role.** |
| **Type of qualification** | **Dates** | **Grade (if applicable)** |
|  |  |  |

**6. OTHER RELEVANT INFORMATION**

|  |
| --- |
| **Please give details of any other relevant information you wish to include on your application e.g. Experience in volunteering etc.**  |
|  |

**7. 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** |  |

**8. CONVICTIONS**

|  |
| --- |
| **Have you any convictions? (tick one) YES NO**  |
| **Please list below all convictions in chronological order.** |
|  |
| **Please note that a criminal record check will be made on all successful applicants prior to appointment.** |

**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, magazine or other publication please state its title and date, or if it was on the internet, please give details of the website.** |
|  |

**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 Equality Monitoring Questionnaire by midnight of 23rd May 2024 via email to Sierra Reid (Complaints Review Manager)** **Sierra.reid@thamesvalley.police.uk****.**  |

**OFFICE OF THE POLICE AND CRIME COMMISSIONER FOR
THAMES VALLEY EQUALITY MONITORING FORM**

The Office of the Police and Crime Commissioner for Thames Valley is firmly committed to promoting equality of opportunity for all local people and communities, irrespective of gender, ethnic origin, disability, religious belief, sexual orientation or age. The information on this form is for monitoring purposes only and will not be made available to those assessing your application. **It will be treated in the strictest confidence, is not mandatory, however if you do decide to complete it, it will not affect your application in any way**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age (please state)** |  |  | **Sexual Orientation** |  |
|  |  |  | *Bisexual* |  |
| **Gender** |  |  | *Heterosexual* |  |
|  |  |  | *Gay / Lesbian* |  |
| **Ethnic Origin**  |  |  | *Prefer not to say* |  |
| **White** |  |  |  |  |
| *British* |  |  | **Religious Belief / Faith** |  |
| *Irish* |  |  | *Buddhist*  |  |
| **Any other white background** |  |  | *Christian*  |  |
| *Mixed* |  |  | *Hindu*  |  |
| *White and Black Caribbean* |  |  | *Jewish*  |  |
| *White and Black African* |  |  | *Muslim* |  |
| *White and Asian* |  |  | *Sikh* |  |
| *Any other Mixed Background* |  |  | *None*  |  |
| **Asian or Asian British** |  |  | *Other* |  |
| *Indian* |  |  | *Prefer not to say* |  |
| *Pakistani* |  |  |  |  |
| *Bangladeshi* |  |  | **Do you have a Disability?** |  |
| *Any other Asian Background* |  |  | *Yes*  |  |
| **Black and Black British** |  |  | *No*  |  |
| *Caribbean* |  |  | *Prefer not to say* |  |
| *African* |  |  |  |  |
| *Any other black background* |  |  | **THANK YOU FOR COMPLETING AND RETURNING THESE FORMS** |
| **Chinese or other ethnic group** |  |  |
| *Chinese* |  |  |  |
| *Any Other*  |  |  |  |  |