

CITY OF LONDON

INDEPENDENT CUSTODY VISITOR APPLICATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS		
SURNAME (BLOCK LETTERS)		TITLE
FORENAMES (IN FULL)		
ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN		
PLACE OF BIRTH		NATIONALITY
NATIONAL INSURANCE NUMBER.....	DATE OF BIRTH.....	AGE.....
CONTACT TELEPHONE NUMBER(S):		EMAIL ADDRESS
HOME.....	WORK.....	MOBILE.....
PERMANENT ADDRESS (BLOCK LETTERS) POSTCODE.....		
HOW LONG HAVE YOU LIVED AT THIS ADDRESS?		
IF LESS THAN FIVE YEARS AT CURRENT ADDRESS PLEASE GIVE DETAILS OF FORMER ADDRESS:..... POSTCODE.....		

DO YOU HAVE A DISABILITY AS DEFINED BY THE DISABILITY DISCRIMINATION ACT OR DO YOU SUFFER FROM ANY OTHER MEDICAL CONDITION WHICH COULD REQUIRE US TO MAKE REASONABLE ADJUSTMENTS TO ALLOW YOU TO PARTICIPATE FULLY IN THE INDEPENDENT CUSTODY VISITING SCHEME?

YES/NO (If yes please give details, this will not necessarily affect your application)

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OCCUPATION

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NAME & ADDRESS OF EMPLOYER

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ARE YOU CURRENTLY A POLICE OFFICER OR SERVING IN THE SPECIAL CONSTABULARY?

YES / NO.....

ARE YOU CURRENTLY A MAGISTRATE?

YES / NO.....

WHY DO YOU WISH TO BE AN INDEPENDENT CUSTODY VISITOR?

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HAVE YOU EVER BEEN CAUTIONED OR CONVICTED OF ANY CRIMINAL OFFENCE OR ARE YOU CURRENTLY THE SUBJECT OF ANY POLICE INVESTIGATION OR PROSECUTION? YOU MUST DECLARE ALL CAUTIONS OR CONVICTIONS, AS THE REHABILITATION OF OFFENDERS ACT DOES NOT APPLY TO THIS APPLICATION. CRIMINAL OFFENCES INCLUDE TRAFFIC MATTERS (EXCEPT PARKING).

*YES / NO.....

*IF YES, PLEASE GIVE DETAILS BELOW. THE COMPLETION OF THIS QUESTION AND PROVISION OF THIS INFORMATION IS A REQUIREMENT IN ALL APPLICATIONS BUT MAY NOT NECESSARILY AFFECT YOUR APPLICATION OR DISQUALIFY YOU FROM BECOMING AN INDEPENDENT CUSTODY VISITOR.

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DECLARATION

I AGREE TO THE CITY OF LONDON CORPORATION MAKING A POLICE CHECK IN CONNECTION WITH MY APPLICATION AS A VOLUNTEER. I HAVE READ THE INFORMATION SUPPLIED TO ME CONCERNING THE DUTIES AND RESPONSIBILITIES OF AN INDEPENDENT CUSTODY VISITOR AND 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:

Craig.spencer@cityoflondon.gov.uk

Or alternatively by post to:

**THE ICV SCHEME ADMINISTRATOR
Town Clerk's Office (Police)
City of London Corporation
PO Box 270
Guildhall
London
EC2P 2EJ**

**PLEASE ENSURE THAT YOU HAVE
COMPLETED EVERY APPROPRIATE QUESTION**