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Safer Neighbourhood Panel Staffordshire Moorlands Application Form

Candidate Name:

Closing Date: N/A

When completed, this form should be returned to

Sue Panter
Safer Neighbourhood Panel Coordinator
Office of the Police & Crime Commissioner
Weston Road
Stafford
ST18 0YY

Tel: 01785 232246

Email:

Susan.Panter@staffordshire.pcc.pnn.gov.uk

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Personal Details

Surname:

Forename(s):

Preferred Title (e.g. Mr, Mrs, Ms, Dr):

Address:

.....

.....

.....

Postcode:

Telephone: (home)

(work)

(mobile)

Email address:

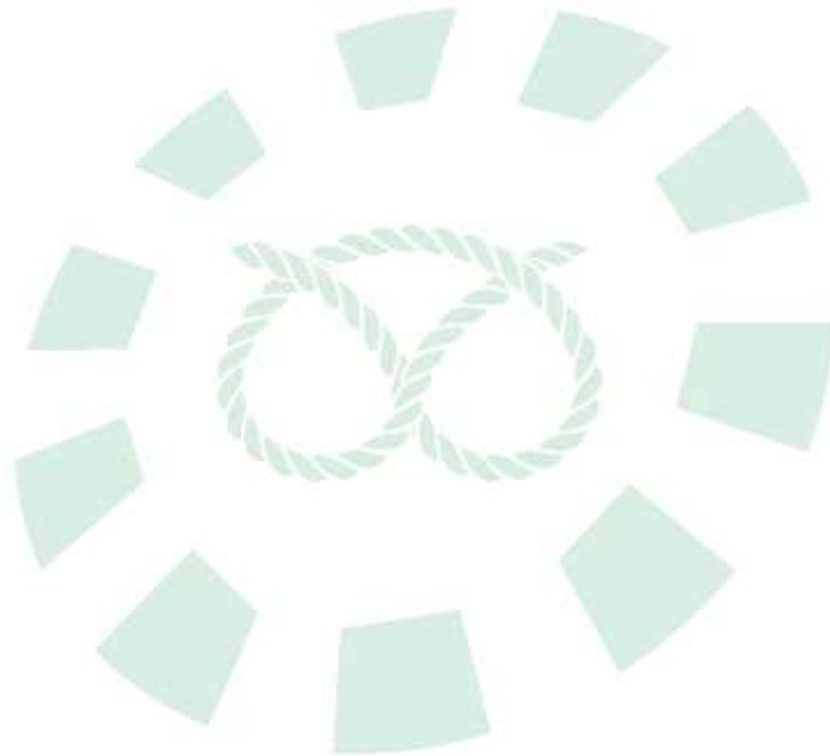
National Insurance Number:

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Personal Statement:

In no more than 500 words please explain why you want to join and how you believe you can meet the requirements we are looking for – remember, your experience or evidence can be from absolutely any aspect of your life.

(If you are representing Neighbourhood Watch please include how you will translate the Panel messages back to your residents and how you will seek local issues which need to be considered by the Panel)



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Vetting

In accordance with guidance issued by the Cabinet Office, it is necessary to conduct vetting in order to enable access to sensitive information. The information below is requested to assist with those checks

Nationality

What is your nationality?
.....

If a Commonwealth citizen or a foreign national, is your stay in the UK free of restrictions?
Yes No

If a Commonwealth citizen or a foreign national, you must include a copy of your passport which shows that your stay in the UK is free of restrictions.

Photocopy of passport enclosed? Yes No

You must declare all convictions for any past offences, formal cautions by the police (including cautions as a juvenile, ie under 18 years) and any bind-overs imposed by any court. You should include traffic convictions such as speeding, drink-drive offences, fixed penalties for motoring or disorder offences and any appearances before a court martial.

You must declare any charge or summons currently outstanding against you.

You must include spent convictions under the Rehabilitation of Offenders Act 1974 (by virtue of the provisions of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975) or any involvement with civil, military or transport police.

Date (most recent first)	Offence/ Alleged Offence	Result (if known)	Court/ Police Station

Have you ever been involved in a criminal investigation (whether or not this led to any prosecution) or been associated with criminals?
Yes No

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If yes, please give details below:

Have you ever been the subject of a civil order or child contact order with imposed restrictions under the Children's Act 1989?

Yes No

If yes, please give details below:

About your family

Please tell us about your family (wherever they live), and any other adults living at your address. Continue on a separate sheet if necessary and attach to this page. **Please complete all sections or your application will be delayed.**

Relationship to you (*delete as appropriate)	Full name (include previous surnames and name at birth, if different)	Full address (including postcode, if known, and dates of occupation where known).
Yourself		
Date & place of birth	/ /	
Your spouse or partner		
Date & place of birth	/ /	
Your father		
Date & place of birth	/ /	
Your stepfather or mother's partner		
Date & place of birth	/ /	
Your mother		
Date & place of birth	/ /	
Your stepmother or father's partner		
Date & place of birth	/ /	
Your brother or sister (*full/half/step etc)		
Date & place of birth	/ /	
Your brother or sister (*full/half/step etc)		
Date & place of birth	/ /	



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Your brother or sister (*full/half/step etc) Date & place of birth	/ /	
Your brother or sister (*full/half/step etc) Date & place of birth	/ /	
Your spouse's/partner's mother/stepmother etc Date & place of birth	/ /	
Your spouse's/partner's father/stepfather etc Date & place of birth	/ /	
Relationship to you (*delete as appropriate)	Full name (include previous surnames and name at birth, if different)	Full address (including postcode, if known, and dates of occupation where known).
Your child/child of partner (only state if aged 10+) Date & place of birth	/ /	
Your child/child of partner (only state if aged 10+) Date & place of birth	/ /	
Your child/child of partner (only state if aged 10+) Date & place of birth	/ /	

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Previous Addresses

Please give all addresses at which you have lived over the last five years. **Start with the most recent.** Do not include your current address.

Full address (include postcode, if known)	Approximate dates from (month/year) to (month/year)

Where did you hear about the Safer Neighbourhood Panel – please indicate with an X

OPCC website	Press Release	Local Authority website
Event	Other	

In what capacity will you be representing the Panel – please indicate with an X (one only)

Resident	Magistrate	Neighbourhood Watch
City Councillor	Business	County Councillor n/a
Other		



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DECLARATION

I declare that all the statements I have made in this application are true to the best of my knowledge and belief and that no relevant information has been withheld.

Applicant:

Print Name:

Signature:

Date:

If applicant under 18yrs of Age, the application must be Countersigned by a Parent/ Guardian.

Applicant's name:

Parent / Guardian (Delete as appropriate)

"I declare that all the statements in this application are true to the best of my knowledge and belief and that no relevant information has been withheld. I give consent for the person named above to act as a member of the Staffordshire Moorlands Safer Neighbourhood Panel.

Relationship:

Print Name:

Signature:

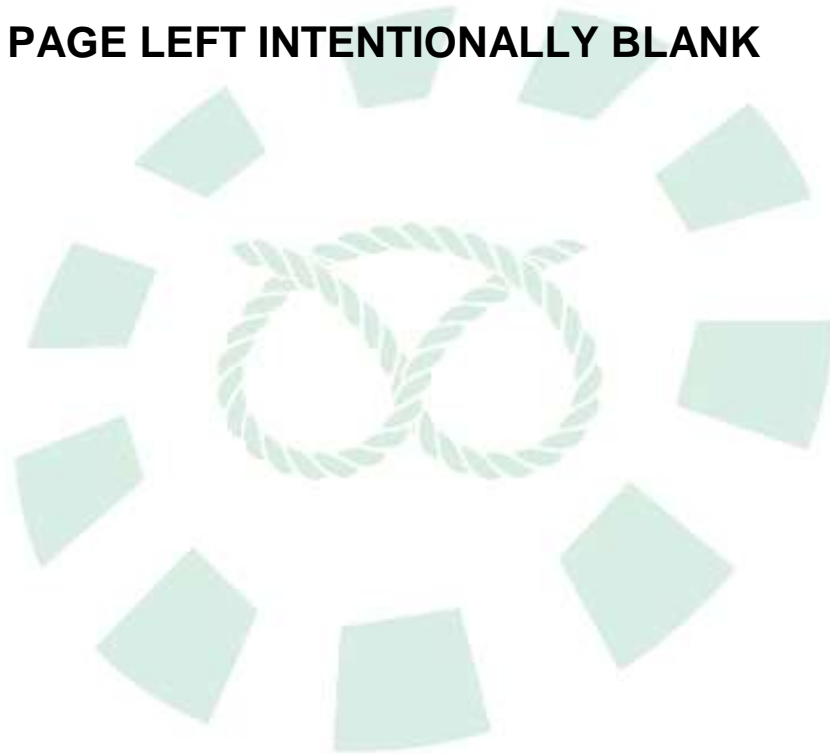
Date:

If you are shortlisted you will be asked to sign this document at the interview

THANK YOU FOR YOUR INTEREST IN JOINING THE SAFER NEIGHBOURHOOD PANEL

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Monitoring Information

The OPCC is an equal opportunity employer and is determined to ensure that:

- The workforce reflects the diverse society which it serves and that the working environment is free from any forms of harassment, intimidation, bullying or victimisation.
- No applicant or employee is treated more or less favourably on the grounds of gender, sexual orientation, age, disability, marital status, race, colour, nationality, ethnic or national origins, creed or religion.

To implement and monitor the effectiveness of the equal opportunities policy, the following information is required. The information you give will not affect your application in any way.

Please choose one option from each of the sections listed below and then place a tick in the appropriate box.

Your Gender

Male

Female

Your Age

16 - 24

25 - 34

35 - 44

45 - 54

55 - 64

65+

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Your Ethnic Group

A White	
British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Eastern European	<input type="checkbox"/>
Any other White background, please write in	
B Mixed	
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other Mixed background, please write in	
C Asian or Asian British	
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Any other Asian background, please write in	
D Black or Black British	
Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other Black background, please write in	
E Chinese or other ethnic group	
.....	<input type="checkbox"/>
F Prefer not to say	
.....	<input type="checkbox"/>

Your Religious Belief/Faith

Buddhist	<input type="checkbox"/>
Christian (state denomination if you wish)	
Hindu	<input type="checkbox"/>
Humanist	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
None	<input type="checkbox"/>
Other (please state)	
Prefer not to say	<input type="checkbox"/>

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Your Sexual Orientation

- | | |
|-------------------|--------------------------|
| Bisexual | <input type="checkbox"/> |
| Gay/Lesbian | <input type="checkbox"/> |
| Heterosexual | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

Your Disability

Do you consider yourself to have a disability according to the terms given in the Disability Discrimination Act?

Yes

No

If yes, please provide details:

Prefer not to say

Data Protection Act

The Data Protection Act 1998 places responsibilities on us to process personal data that we hold in a fair and proper way. The Act came into force on 1 March 2000 and regulates the use of personal data, including any data you supply on this application form.

The OPCC may contact other organisations (such as the Criminal Records Bureau, previous employer(s), educational establishments, etc) to check that factual information has been given on the application form. The information will be stored securely, both manually and electronically and destroyed after 12 months if your application is unsuccessful.

The Office is under a duty to protect funds it administers, and to this end may use the information you have provided as part of the recruitment process for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. As part of this ongoing responsibility Staffordshire Police, on behalf of the OPCC, participates in the Audit Commission National Fraud initiative every two years. Key payroll and other data is used in a matching exercise to identify frauds, data errors etc.