**Safer Neighbourhood Panel**

**Application Form**

|  |
| --- |
| Applicant Name: |
| Closing Date: |

When completed, this form should be returned to

|  |
| --- |
| Michelle Ryan  Safer Neighbourhood Panel Coordinator  Office of the Police & Crime Commissioner  Weston Road  Stafford  ST18 0YY  Tel: 01785 232246  Or email: michelle.ryan@staffordshire-pfcc.pnn.gov.uk |

|  |
| --- |
| **Personal Details** |
| Surname:  Forename(s):  Preferred Title (e.g. Mr, Mrs, Ms, Dr):  Address:        Postcode:  Telephone: (home)  (work)  (mobile)  Email address:  National Insurance Number: |

|  |
| --- |
| **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)** |

**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, i.e 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 | | | | | | |
| 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 | | **/****/** | | | |
| 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 | | **/****/** | | | |
| **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 |
| District/Borough Councillor | Business | County Councillor |
| Other | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **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**

**PAGE LEFT INTENTIONALLY BLANK**

**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+ |

**Your Ethnic Group**

|  |
| --- |
| A White  British  Irish  Eastern European  Any other White background, please write in  B Mixed  White and Black Caribbean  White and Black African  White and Asian  Any other Mixed background, please write in  C Asian or Asian British  Indian  Pakistani  Bangladeshi  Any other Asian background, please write in  D Black or Black British  Caribbean  African  Any other Black background, please write in  E Chinese or other ethnic group    F Prefer not to say |

**Your Religious Belief/Faith**

|  |
| --- |
| Buddhist  Christian (state denomination if you wish)  Hindu  Humanist  Jewish  Muslim  Sikh  None  Other (please state)  Prefer not to say |

**Your Sexual Orientation**

|  |
| --- |
| Bisexual  Gay/Lesbian  Heterosexual  Prefer not to say |

**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.