

VOLUNTEERS
CUSTODY SUITES
VOLUNTEERS CHECKING ENTITLEMENTS
INDEPENDENT
DETENTION REPORTING
OBSERVING AND EVALUATING HUMAN RIGHTS
CUSTODY SUITES CONDITIONS
WELLBEING INDEPENDENT HEALTH
HEALTH CUSTODY MONITORING
CHECKING SUITES VOLUNTEERS
ENTITLEMENTS CONDITIONS
INSPECTING FACILITIES HUMAN RIGHTS
HEALTH WELFARE
OBSERVING AND EVALUATING VISITING
INDEPENDENT
MONITORING INSPECTING
VOLUNTEERS FACILITIES
WELLBEING CUSTODY

APPLICATION FORM

**INDEPENDENT
CUSTODY
VISITOR (ICV)**



GENERAL GUIDANCE

1. Please read the Applicant Information Booklet fully before you fill out this form.
2. Please note Section 3 – who is not eligible to be an ICV.
3. You must complete all parts of this Application Form as failure to do so may result in your application not being progressed. Please use the checklist in Section 9.
4. Please submit this form only; supplementary material such as CVs will not be considered.
5. Electronic versions of completed application forms are encouraged via e-mail to CustodyVisitingRecruitment@nipolicingboard.org.uk.
6. Handwritten applications should be completed using legible writing and black ink and returned to the following address:

Northern Ireland Policing Board

Custody Visiting Recruitment
James House
Block D
2-4 Cromac Avenue
Gasworks
Belfast BT7 2JA

7. Please note that not all applications will be successful.
8. As this is a rolling recruitment campaign, the Board will aim to hold informal interviews at regular intervals, as and when new ICVs are required. Board Officials will advise you of an indicative timeframe once your application form has been processed.
9. If you have any questions please contact us at CustodyVisitingRecruitment@nipolicingboard.org.uk or on 028 9040 8571.



Please note that the forms should be downloaded and saved to your computer before completing. If you are using a MAC you may also need to make sure that you have **Adobe Acrobat Reader** installed.

We have made it possible to complete the form electronically; where you see the grey box please start typing your response. All the normal functions of Microsoft Word should be available where the grey boxes appear.

Please note that once signature is inserted at the end of this form it will be locked and cannot be edited further.

SECTION 1: PERSONAL DETAILS

The information requested under this section must be fully completed by all applicants. The Board will use the information you provide when considering the appointment of Independent Custody Visitors (ICVs). The Board will process your personal data in accordance with the General Data Protection Regulation/Data Protection Act 2018. Please see our Privacy Notice for full details at Section 6 of the Applicant Information Booklet.

Title:

Forename:

Surname:

Current address:

Postcode:

Nationality:

Contact telephone number:

Email address:

For internal use only:

Candidate Reference Number:

Date Received:

SECTION 2: ICV TEAM

The Applicant Information Booklet provides a breakdown of the geographic areas each team covers. Select, in order of preference, which ICV Team you would prefer. Please be advised that we cannot guarantee your first choice.

Please number your preferences below:

South East

North West

Tyrone/Fermanagh

BACKGROUND

Have you previously been an ICV?

Yes

No

If Yes, have you had a break of 3 years or more from the Scheme?

Yes

No

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SECTION 3: WHO IS NOT ELIGIBLE TO BE AN ICV

Please confirm you are **not** (tick to confirm):

A former or serving police officer

Police support staff

Involved in the criminal justice system (where there is deemed to be a conflict of interest)

A member of the Appropriate Adult Scheme (a scheme administered by Mindwise which aims to protect and safeguard the rights of young people and mentally vulnerable adults who are detained by police)

A former or serving Policing Board Member or Policing Board Staff?

Please note that if you do not tick any of the questions above, it may affect your ability to become an ICV

SECTION 4: WHO IS ELIGIBLE TO BE AN ICV

Please confirm you have (tick to confirm):

Effective written and verbal communication skills

An ability to demonstrate concern for the welfare of others

An ability to act as a member of a team

An ability to demonstrate an independent and impartial view in relation to all parties involved in the custody visiting process

An ability to maintain confidentiality and adhere to policies and procedures with a commitment to continued development

A clean driving licence with access to a vehicle **(including insurance for business purposes)**

Access to information technology (i.e. computer, tablet or mobile phone) for email/communication in relation to this role

An ability to meet the necessary time commitments involved in carrying out visits, including weekends and unsociable hours

Willingness and availability to take part in team meetings (including in person and virtual meetings)

Willingness and availability to attend necessary training

Please confirm you are (tick to confirm):

Aged over 18

Legally entitled to volunteer in the UK

SECTION 5: PERSONAL STATEMENT

1. Why do you wish to become an ICV?

Maximum: 3400 Characters

2. Please give details, including examples, which you think demonstrate how you have the qualities needed to be an ICV.

Maximum: 3400 Characters

3. Please outline your experience of when you have demonstrated effective written and verbal communication skills. This can be in a work, volunteer or personal capacity.

Maximum: 3400 Characters

4. Please outline your experience of being part of an effective team and your role in the team.

Maximum: 3400 Characters

SECTION 6: REASONABLE ADJUSTMENTS

To ensure all applicants have the opportunity to perform to the best of their ability without barriers in an informal interview situation, should you require any form of reasonable adjustment/s due to a disability, or if you feel you qualify under the Guaranteed Interview Scheme, please provide full details of the adjustment/s required.

If you were to be successfully appointed, you must provide full details of the adjustment/s required and provide appropriate evidence to support your request.

We will only advise the interview panel of adjustments they need to know about in managing the informal interviews.

If you have any questions about your specific needs or would like to give us more information please contact [**CustodyVisitingRecruitment@nipolicingboard.org.uk**](mailto:CustodyVisitingRecruitment@nipolicingboard.org.uk) or phone 028 9040 8571.

SECTION 7: DECLARATION

I declare that the information I have provided is accurate to the best of my knowledge and belief. I will inform the Board of any change/s in my circumstances which may occur between the date of my application and any possible date of appointment.

I confirm that I have read and understood the Board's Privacy Notice which sets out how they will handle my personal information.

I understand that:


- The ICV role will be subject to the receipt of satisfactory security vetting checks
- If any information provided is found to be untrue or is found to have been deliberately withheld, this will result in the volunteer relationship being brought to an end

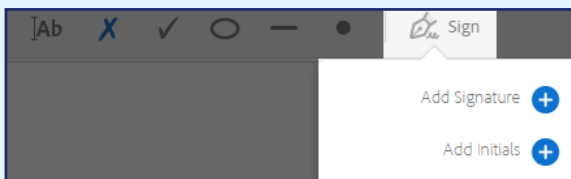
Signature:

Date:

How to sign or initial your form

To sign a PDF form, you can type, draw, or insert an image of your handwritten signature or initials.

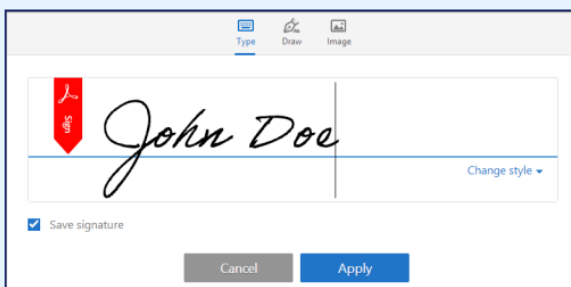
1. Open the PDF document or form in Acrobat or Reader, and click **Fill & Sign** in the right pane.
2. Click the Sign icon  in the Fill & Sign toolbar, and then choose whether you want to add your signature or just initials.



If you have already added signatures or initials, they are displayed as options to choose from.

3. If you've already added your signature or initials, just select it from the Sign options, and then click at the place in the PDF where you want to add your signature. Skip to the next step.

If you are signing for the first time, you see the Signature or Initials panel. Below is an example of the Signature panel.



You can choose to type, draw, or import a signature image. Added signatures and initials are saved for future use.

4. Click **Apply**, and then click at the place in the PDF where you want to place the signature or initial.

How did you hear about this opportunity?

Please tick as applicable:

Policing Board Website

Policing Board event

Family member/friend

Media

Social Media

(Please state Facebook, Twitter etc.):

Other:

Thank you for taking the time to complete this application.

SECTION 8: EQUAL OPPORTUNITIES MONITORING

(Return completed as part of your application form)

IN CONFIDENCE

Please note that this section of the form is regarded as part of your application and failure to complete and return it will result in disqualification.

It is the policy of the Northern Ireland Policing Board to ensure that all eligible persons have equal opportunity for volunteer roles based on their ability, qualifications and aptitude for the role. The Board is committed to equal opportunities and welcomes applications from eligible candidates irrespective of their religious belief, political opinion, gender, including gender reassignment, disability, age, race, marital/civil partnership status, sexuality or whether or not they have dependants.

Monitoring is carried out to ensure that the equal opportunity policy of the Board is effectively implemented. For further details of what characteristics are monitored, how this information is used and the steps taken to protect the confidentiality of individual records, please see the Board's Equality Scheme 2018/2023 at www.nipolicingboard.org.uk

Alternative formats of our Equality Scheme are available upon request to CustodyVisitingRecruitment@nipolicingboard.org.uk or 028 9040 8571.

Please tick the relevant boxes:

Male

Female

Other

Date of Birth

Community Background

Please indicate your community background:

I have a Protestant community background

I have a Roman Catholic community background

I have neither a Protestant or Roman Catholic community background

Disability

The Disability Discrimination Act (DDA) defines disability as a “physical or mental *impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities*”.

Do you consider yourself to have a disability?

Yes

No

Race

Please indicate your race:

White

Black Caribbean

Chinese

Pakistani

Black African

Bangladeshi

Black Other

Indian

Any other race please state here:

Sexual Orientation

My sexual orientation is towards someone:

Of the same sex (this covers homosexual men and women)

Of a different sex (this covers heterosexual men and women)

Of the same sex and of the opposite sex (this covers bisexual men and women)

For internal use only:

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Marital Status

Please indicate your marital status by ticking one box below:

Single, that is never married or in a civil partnership

Married

Separated, but still legally married

Divorced

Widowed

In a civil partnership

Separated, but still legally in a civil partnership

Formerly in a civil partnership which is now legally dissolved

Surviving partner from a civil partnership

Dependants

Do you have a personal responsibility for the care of a child or children, a person/s with a disability or a dependant older person?

Yes

No

SECTION 9: CHECKLIST

- 1.** Have you filled in Sections 1 - 6?
- 2.** Have you signed and dated Section 7 - Declaration?
- 3.** Have you completed Section 8 - Equal Opportunities Monitoring form?
- 4.** Have you ticked all the appropriate boxes?

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