



SUFFOLK  
POLICE AUTHORITY

APPLICATION FORM  
to be a  
MEMBER  
of the  
SUFFOLK INDEPENDENT  
ADVISORY GROUP

CONFIDENTIAL (when completed)



## 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. WHY DO YOU WANT TO BE AN INDEPENDENT ADVISER?**

**Please say why you are interested in becoming a member of the Independent Advisory Group (please continue on a separate sheet if necessary).**

**Questions 3 and 4 below ask you to provide details of skills and experiences, work history and qualifications. However, it is recognised that some people may not have had the opportunity to gain experience in these areas, for example, because of their age. The lack of information in response to these questions will not be an automatic bar to consideration and each application will be considered on its merits.**

**3. WHAT SKILLS, EXPERIENCE AND QUALIFICATIONS DO YOU HAVE?**

**Please say what skills, experience and qualities you would bring to the Independent Advisory Group. You might find it helpful to look at the enclosed leaflet when you answer this question. Include information about voluntary work, caring, activities in your local community, public appointments as well as any particular areas of interest and expertise (please continue on a separate sheet if necessary).**

**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, caring responsibilities, 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. REFERENCES

Please give details of two people, not related to you, who have agreed to be contacted by us about your application.			
<b>1.Name</b>		<b>2. Name</b>	
<b>Address</b>		<b>Address</b>	
<b>Tel No:</b>		<b>Tel No:</b>	
<b>Position</b>		<b>Position</b>	

## 6. CONVICTIONS

<p>Have you any <u>unspent</u> convictions? (put an X in one box)            YES _____ NO _____</p>
<p>Please list below all unspent convictions in chronological order.            Please note: under the Rehabilitation of Offenders Act 1974, following a certain period of time which depends on the sentence imposed, all convictions except those resulting in prison sentences of more than 2½ years are regarded as spent. This means that sentences of up to 6 months become spent after 7 years and those of between 6 months and 2½ years are regarded as spent after 10 years.</p>
<p>Please note that all successful applicants will be subject to a criminal record check prior to confirmation of appointment. It should be noted that criminal convictions and other information revealed will be carefully considered and will not be an automatic ban on membership of the Independent Advisory Group. The checks are considered to be important in strengthening the position of a member rather than past convictions etc being publicly highlighted at a future date.</p>

**7. HOW DID YOU HEAR ABOUT THIS POSITION?**

<b>We would like to know how you learned that we were looking for Independent Members, to help us in the future – please tick appropriate box(es)</b>		
<input type="checkbox"/> Local newspaper (please specify name/title)	<input type="checkbox"/> Poster	<input type="checkbox"/> Website

**8. PLEASE SIGN AND DATE THIS FORM**

<b>I declare that the information I have given is true and complete.</b>	
Signed.....Date.....	

**9. WHAT TO DO NOW**

<b>Please return this completed Application Form and Monitoring Questionnaire by post to the Chief Executive, Suffolk Police Authority, Police Headquarters, Martlesham Heath, Ipswich, IP5 3QS; by fax ( 01473) 611580 or by email to <a href="mailto:glennis.dyes@suffolk.pnn.police.uk">glennis.dyes@suffolk.pnn.police.uk</a></b>
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If you have any questions or queries, or require further information please contact Barry Bailey by telephone (01473) 782771 or by email at [barry.bailey@suffolk.pnn.police.uk](mailto:barry.bailey@suffolk.pnn.police.uk)

