

Application to become a Member of the Nottinghamshire Police and Crime Commissioner

Audit and Scrutiny Panel

Completed forms should be marked ‘Private and Confidential’ and returned to:

Nottinghamshire Police and Crime Commissioner’s Office

Arnot Hill House

Arnot Hill Park

Arnold

Nottingham

NG5 6LU

Or email to: nopcc@nottinghamshire.pnn.police.uk

**Closing Date for receipt of Applications is:**

**Friday 12 April 2019**

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| **Personal Details** |
| **Surname:** |       | **Forenames:** |       |
| *Previously:* |       | *Previously:* |       |
|  | **Title:**(Mr/Mrs/Miss etc) |       |
| **Date of Birth:** |       | **Place of Birth:** |       |
| **Nationality:** |       | **National Insurance No**:       |

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| We can only consider candidates who have been resident in the UK for the last three consecutive years. You should inform us if, whilst in the UK, you spent more than six months overseas.  |
| Have you resided in the UK for the past three consecutive years? | Yes [ ]  | No [ ]  |
| If you are a Commonwealth Citizen or a foreign national, is your stay in the UK free of restrictions? | Yes [ ]  | No [ ]  |
| If no, please give details:      |

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| **Current Home Address**: (include post code) |
| **Date From**: |       | **Date To:** |       |
| If you have lived at the above address less than five years, please provide details of your previous address(es) below  |
| **Previous Address:** (include post code)      |
| **Date From:** |       | **Date To:** |       |

*Please continue on a separate sheet if required.*

|  |  |  |  |
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| **Telephone:** |       | **Mobile:** |       |
| **Email Address:** |       |

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| **Employment History** |
| Please provide details of full-time and part-time employment, as well as any voluntary work, career breaks, or any work you do or have done in the local community within the last three years.  |
| **Name and address of current employer:**      |
| **Post Held:** |       |
| **Responsibilities:**      |
| **Date From:** |  | **Date To:** |  |
| **Reason for Leaving:**      |

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| **Name and address of previous employer:**      |
| **Post Held:** |       |
| **Responsibilities:**      |
| **Date From:** |       | **Date To:**  |       |
| **Reason for Leaving:**      |

*Please continue on a separate sheet if required*

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| **Qualifications** |
| Please list details of any educational, professional and/or vocational qualifications.  |
| **Type****i.e. Degree, NVQ, GCSE etc** | **Subject** | **Grade Obtained** | **Date Obtained** |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |

*Please continue on a separate sheet if required*

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| **Work Related Training Courses**  |
| Course Title | Organising Body | Dates (From - To) |
|       |       |       |

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| **Membership of Professional Institutions** |
| Please indicate membership of any professional bodies. |
| Name of Organisation | Type of Membership |
|       |       |

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| **Relevant Skills and Experience** |
| Please give examples of how your experience would help you demonstrate the following qualities; which may be drawn from your personal, domestic, social or work activities. Within your examples please highlight how you also meet the competencies required for this position, as outlined in the Role Profile.  |
| **Significant Management Experience in a Large Organisation** |
|       |

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| **Awareness and understanding of Public Sector Finances** |
|       |

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| **Experience of Scrutinising Financial Information and Processes** |
|       |

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| --- |
| **Knowledge of Best Practice in Audit and Corporate Governance** |
|       |

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| **Understanding of Risk Control** |
|       |

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| **Understanding of the Nolan Principles of Conduct in Public Life** |
|       |

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| **Willingness to give the time commitment (including reading, preparation time and ad hoc meetings)** |
|       |

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| **Why do you want to become an Independent Member of the Panel?** |
| Please say why you are interested in becoming an Independent Member of the Panel (500 words maximum) |
|       |

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| **References** |
| Please provide details of two people, not related to you, who have agreed to be contacted by us about your application (it would be helpful if one referee was familiar with your community activities).  |
| **Reference 1** |  | **Reference 2** |
| Name:       |  | Name:       |
| Address: (Include post code)      |  | Address: (Include post code)      |
| Position:      |  | Position:      |
| Telephone:       |  | Telephone:       |
| Email:       |  | Email:       |

***Please sign and date this form***

**I declare that the information I have given is true and complete.**

Signed: Dated:

**Appointments will be subject to applicants completing a vetting questionnaire and receiving the necessary clearance.**

Please indicate where / how you heard about this vacancy:

If you have any queries or require further information please contact

nopcc@nottinghamshire.pnn.police.uk or Telephone 0115 844 5998

**Police & Crime Commissioner for Nottinghamshire**

MONITORING QUESTIONNAIRE

The Police and Crime Commissioner is firmly committed to promoting equality of opportunity for all local people and communities, irrespective of gender, ethnic origin, disability, religious belief, sexual orientation, age or any other irrelevant factor. We therefore ask you to complete this questionnaire to enable us to monitor the effectiveness and fairness of our policy and processes. This information is for statistical monitoring purposes only. **It will not form part of the selection process.**

**Age Current Working Hours**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 18 – 20 | [ ]  | 50 – 60 | [ ]  |  | Full Time | [ ]  |
| 20 – 30 | [ ]  | 60 – 70 | [ ]  |  | Part Time | [ ]  |
| 30 – 40 | [ ]  | 70 + | [ ]  |  | Retired | [ ]  |
| 40 – 50  | [ ]  |  |  |  |  |  |

**Ethnic Origin**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White | British | [ ]  | Asian or Asian British  | Indian | [ ]  |
|  | Irish | [ ]  |  | Pakistani | [ ]  |
|  | Any other white background | [ ]  |  | Bangladeshi | [ ]  |
|  |  |  |  | Any other Asian background | [ ]  |
| Mixed | White and Black Caribbean | [ ]  |  |  |  |
|  | White and Black African | [ ]  | Black or Black British | Caribbean | [ ]  |
|  | White and Asian | [ ]  |  | African | [ ]  |
|  | Any other Mixed background | [ ]  |  | Any other Black background | [ ]  |
|  |  |  |  |  |  |
| Other | Any other ethnic group | [ ]  | Chinese or other ethnic group | Chinese | [ ]  |

**Religious Belief or Faith**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Buddhist | [ ]  | Muslim | [ ]  |  |
| Christian | [ ]  | Sikh | [ ]  | STATE DENOMINATION IF YOU WISH |
| Hindu | [ ]  | Not religious | [ ]  |  |
| Jewish | [ ]  | Any other religious faith or belief | [ ]  |   |

**Gender Sexual Orientation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male | [ ]  |  | Bisexual | [ ]  |
| Female | [ ]  |  | Gay  | [ ]  |
|  |  |  | Heterosexual | [ ]  |
|  |  |  | Prefer not to say | [ ]  |

**Gender Identity (Optional)**

If you identify as transsexual or transgender (in that you have effected a permanent change of gender identity) or as intersex, please state which group you identify with

|  |  |
| --- | --- |
| Transexual | [ ]  |
| Transgender | [ ]  |
| Intersex | [ ]  |

**DISABILITY**

Under the Disability Discrimination Act 1995 and Disability Discrimination Act (Amendment) 2005, a person is disabled if they have (or have recovered from) a physical or mental impairment (including learning disabilities) which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities such as those involving mobility, manual dexterity, physical co-ordination, speech, hearing, eyesight or communication, or a permanent condition which is controlled by medication, e.g. diabetes or epilepsy. Individuals with HIV, cancer or multiple sclerosis are automatically treated as disabled.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

**Thank you for completing this form**