



Please complete application form in black ink and BLOCK CAPITALS		
Surname (current) (previous)		
Forenames	Title	
Any other name(s) by which you have been known (forenames or surnames)		
Place of birth (Town, County & Country)		
Contact telephone number(s) / email address		
Home Mobile	Email	
Permanent address for communication		
How long ha	ave you lived at this address?	
Postcode years	months	
Have you ever been convicted of an offence or been reported written caution, warning or reprimand for any offence? (please		
Yes No If yes, please give details (this application is subject to the Reference) Order 1975 and, as such, candidates for application regarding convictions which for other purposes Act.	ointment are not entitled to withhold	
Information provided under this heading will not necessarily a member of the Joint Independent Audit Committee. Any confidential.		
(col	ntinue on separate sheet if necessary	

Please provide details of two people, not related to you, who have agreed to be contacted by us to give their opinion on your suitability for appointment.

Name		Name	
Address		Address	
P	ostcode		Postcode
Occupation		Occupatio	n
Telephone Number		Telephone	Number
Personal /Professional (d	elete as appropriate)	Personal /	Professional (delete as appropriate)
Thames Valley Police /Of	PCC or a related organ	nisation (e.g	employee/volunteer of the . Police Officer, member of Police Staff, etention Officer) (please tick $\sqrt{\ }$)
No 🗆	Yes	□ - If y	es, please provide details
Are you related to an office No □	-		mes Valley Police/OPCC(please tick) es, please provide details
through a publication, we	he effectiveness of our bsite or voluntary ager	r recruitmer ncy, or othe	t schemes, please state whether it was
Recent paid employment	(continue on a separa	te sheet if r	ecessary)
Please provide details of Name and address of employer/appointing	of Dates positi		nt or appointments Position held and nature of responsibility

Please provide details of any voluntary work you have done and experience you may have of working within the local community.

Name of body, interest group or community and address (if applicable)	Dates of your involvement (from / to)	Nature of your involvement including any positions of responsibility

Re	elevant Skills and Experiences			
Please give examples from your experience to demonstrate how to meet the following competencies: (For each competency, your response must not exceed 100 words)				
(a) Integrity – The necessity to embrace high standards of conduct and ethics and be committed to upholding human rights and equality of opportunity for all				
(b) A balanced and proportionate approach in preparing and giving advice				

(c) Independent thought – To show resilience, even in challenging circumstances, remaining calm and confident and able to make difficult decisions, or articulate alternative views
(d) A constructive but challenging approach – To take a balanced, open minded and objective approach, whilst being able to challenge accepted views constructively without becoming confrontational
(e) The ability to be analytical – To interpret and question complex written material, including financial and statistical information and identify the salient points

(f) The ability to scrutinise – To be able to rigorously scrutinise and challenge constructively to support good governance and strong public financial management in Thames Valley Police, using appropriate data, evidence and resources and adopting appropriate risk management arrangements
(g) Self confidence – The skill to challenge accepted views and constructively without becoming confrontational
(h) Respect for others – The capacity to treat all people fairly and with respect; value diversity and respond sensitively to difference

Why do you want to be a member of the Joint Independent Audit Committee?		
Please state why you are interested in becoming a member of the Joint Independent Audit Committee (Must not exceed 200 words)		
Declaration		
Disability Do you have a disability that you wish to disclose?		

If Yes , please tell us about any specific access or support requirements that you have so that we can assist you through the interview process.			
Declaration I agree to the Office of the Police and Crime Commissioner making an enquiry in connection with my application to become a volunteer. I have read the information supplied to me concerning the duties and responsibilities of the Volunteer Panel and would be prepared, if my application is accepted, to attend training sessions as necessary and complete the appropriate undertaking in respect of confidentiality.			
I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete, I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, my appointment could be terminated.			
Signed	Print name	Date	
DATA PROTECTION ACT 1998 - Please note that the information supplied on this form may be held and the enquiries made in processing your application may include reference to personal data held on police computers or manual files. The information provided in this application will be treated in the strictest of			

Please return this completed application form by post or e-mail to:

The Police & Crime Commissioner for Thames Valley, Police Headquarters, Oxford Road, Kidlington, OX5 2NX

E-mail: pcc@thamesvalley.pnn.police.uk

confidence.

If you have any queries, please contact Ian Thompson on 01865 541959 or Paul Hammond on 01865 541960 for further information.