

ISLE OF MAN CONSTABULARY

VOLUNTEER POLICE YOUTH SCHEME

APPLICATION FORM



Please complete all the answers in **BLOCK CAPITALS** using ink or ball point pen. Answer all questions. Put nil where appropriate. The details shown may be verified. Continue on a blank sheet where necessary.

All sections must be fully completed and returned no later than 4pm on Friday 1st June 2018 to:
Organisational Development Department, Police Headquarters, Dukes Avenue, Douglas, Isle of Man IM2 4RG.

Candidate's Full Name

Date of Birth

E-mail address

Do you require any assistance with this application or any part of the assessment process?
If yes please provide details in the space below.

Personal Details

Surname (current) Surname (previous)

Forenames

Nationality (current) Nationality (at birth)

Date of Birth

DD	MM	YYYY
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 Place of Birth

Telephone Numbers

Home	Mobile
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Current Address

	Postcode

Home Address (if different from current address)

Previous Addresses (please include approximate date and all addresses from birth to present)

	From	To
	From	To
	From	To

Please attach a separate sheet detailing any additional addresses if necessary.

School & Year

Please note applications are only open to candidates who will be in years 10 or 11 at the start of the school year in September 2018.

Do you have any health problems that may be affected by Cadet Activities?

YES

NO

(If YES, please give brief details below)

(This information will be treated in confidence.)

Have you ever been arrested or reported for any offence?

YES

NO

(If YES, please give brief details below)

*(This information is in confidence, will NOT be divulged to any other party.
Failure to disclose this information will be used as grounds for a refusal.)*

Hobbies and Interests:

(Please give these details so that we may include them, where appropriate)

Sports Activities:

(Please give these details so that we may include them, where appropriate)

Teachers / Tutors Comments

Do you feel that the applicant is suitable to become a member of the Volunteer Police Youth Scheme?

(If you do NOT have a teacher then please provide another adult who would endorse your application)

Name of Teacher

Signed

School/College

Do you belong to any other Youth Organisation?

YES

NO

(If YES, please give brief details so that we may include them, where appropriate)

Please write below why you would like to join the Volunteer Police Youth Scheme:

(This information is in confidence, and will NOT be used as grounds for a refusal to be accepted.)

Parental Consent

I

(Relationship to candidate) confirm the accuracy of this application and consent to:

Being a member of the Isle of Man Constabulary Volunteer Police Youth Scheme and allow him/her* to take part in all the activities of the organisation.

Emergency Contact

Signature Date

I apply to become a member of the Isle of Man Constabulary Volunteer Police Youth Scheme and agree to abide by the rules of the organisation.

Signature

Date

THE ISLE OF MAN CONSTABULARY RESERVES THE RIGHT TO REJECT ANY APPLICATION WITHOUT GIVING A REASON

(* Delete where appropriate)