



**Bermuda Police Service
Independent Advisory Group Member
Application Form**

Thank you for your interest in becoming a member of the Independent Advisory Group (IAG).
If you wish to be considered for the IAG, please complete the following form and return it to any front desk at a police station.

Applicants must be 16 years of age and older and serve a minimum of 2 years.

Once written applications are considered, short informal interviews will follow.

Deadline February 7th 2019

Name:	
Address:	Postcode:
Telephone number:	
Email address:	
Organisation/company name: (not necessarily applicable)	
IAG Members need to be impartial and independent. To enable us to identify any possible conflicts of interest please complete this section:	Are you : a Police Officer, Special Constable or Reserve Officer? YES/NO a member of Police staff? YES/NO a Magistrate? YES/NO a member of staff of a Police and Crime Commission? YES/NO a Lawyer? YES/NO a Probation Officer? YES/NO Have you retired from any of these roles in the last 5 years? YES/NO
Why would you like to be a member of the Independent Advisory Group?:	

<p>Please explain the skills and experience you think you could bring to the Independent Advisory Group:</p> <p><i>Some examples could be experience you have of working with others, times when you have questioned and challenged other people's views in a constructive manner, any additional skills that you would be happy to use when working with us (e.g. which languages do you speak, are you able to use sign language etc)</i></p>	
<p>Please describe a time when you have demonstrated the ability to listen to the views of others and have considered issues of equality and diversity in your actions or decisions taken:</p>	
<p>Please provide detail of any further information in support of your application which has not been covered by the above questions:</p>	

<p>Please give the name of two references. One should be a professional e.g. teacher/solicitor accountant/community leader. The other can be a character reference who should have known you for at least 2 years (and should not be a family member)</p>	
Reference 1 Name:	
Telephone number:	
Email address:	
Reference 2 Name:	
Telephone number:	
Email address:	

Declaration	
<p>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 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 may be terminated.</p>	
Name (Printed)	
Name (Signature)	
Date (DD/MM/YY)	

Thank you for your application.