

Sunderland Youth Offending Service

REFERRAL ORDERS VOLUNTEER COMMUNITY PANEL MEMBER APPLICATION FORM

Please complete all sections in black ink.

Personal Details:

Full Name: _____

Address: _____

Telephone Number: Day: _____ Evening: _____

Mobile: _____

D.O.B: _____ Age: _____

Are you: (please tick) Male Female

Do you consider yourself to have a disability? Yes No

Are there any practical steps we should take into account if you are selected for interview?

Race/Ethnic Background: _____

Are you currently employed? Yes No

Is this Full or Part Time employment? Full Time Part Time

What is your current employment? _____

Are you currently a Student? Yes No

Is this a Full or Part Time Course? Full Time Part Time

ADDITIONAL INFORMATION

1. Why are you interested in becoming a Community Panel Member, and what do you think you would get out of the role?

2. What is your understanding of some of the reasons why young people offend? experience to you have of engaging with children and young people (including family members), which you believe would help you in this role?

3. What is your understanding of the effects of crime on the victim and the local community?

4. What experience do you have of engaging with children and young people (including family members), which you believe would help you in this role?

5. Please tell us how you would use your skills and experiences in your role as a Community Panel Member:

COMMITMENT AND AVAILABILITY

All successful applications will be expected to undertake introductory training, which will take place at weekends. Community Panel Members will also be expected to serve for a minimum period of at least one year.

When would you be available to attend Community Panel meetings?

- Daytime (am)
- Daytime (pm)
- Evenings
- Weekends
- All of the above

Would you prefer to serve on a Community Panel in

- Your local community
- Another area of Sunderland

How did you find out about becoming a Community Panel Member?

REFERENCES

Please give the names and addresses of two Referees (including one professional) who can comment on your skills and abilities and your suitability for this position.

Name: _____

Name: _____

Address: _____

Address: _____

Telephone No: _____

Telephone No: _____

Relationship to you: _____

Relationship to you: _____

References will be send for after shortlisting and before the Training Course commences.

DECLARATION

I understand that if I am selected I will be expected to attend an introductory training course and commit as a Community Panel Member for a minimum period of one year thereafter.

The information contained in this Application Form is true and correct.

Signed: _____ Date: _____

Please return this Application Form along with the other order forms in this pack to the address indicated in the covering letter.

Your views can make a difference

Please return completed form to:
Sunderland Youth Offending Service
Lambton House
145 High Street West
Sunderland
SR1 1UW

Tel: 0191 566 3000

EQUAL OPPORTUNITIES MONITORING FORM

CONFIDENTIAL

Sunderland Youth Offending Service is committed to Equal Opportunities and is seeking to recruit Community Panel Members, from all sectors of the community. No application will be discriminated against in terms of race, gender, marital status, sexual orientation, religion, ability or age. This list is specific but not exclusive.

In order to achieve this we aim to monitor the composition of Panel Members. As part of this process we ask for your co-operation in completing this form. The information provided will not be used in the selection of candidates for interview and will be regarded as confidential.

Would you describe your cultural heritage as:

- Black
- Black African
- Black Other – Please describe _____
- Indian
- Pakistani
- Bangladeshi
- Chinese
- White
- White Other – Please describe _____
- European
- Other – Please describe _____

Disability

Sunderland Youth Offending Service is committed to ensuring equality of opportunity for people with disabilities. We are working towards a better selection practice to ensure applicants who have a disability receive full and fair consideration. In order to monitor effectiveness of our efforts please answer the following questions.

Do you consider yourself as being disabled?

Are you a registered disabled person?

If yes please state the nature of your disability:
