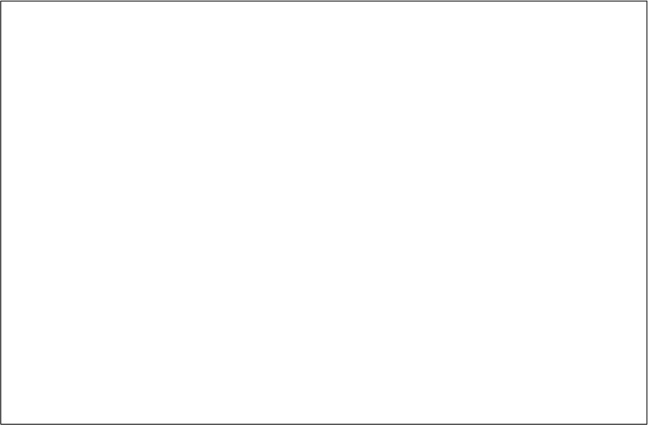
**APPLICATION FORM**

**INDEPENDENT ADVISORY GROUP (IAG) MEMBER**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Address: | Postcode: | | |
| Home Tel: |  | Daytime Tel: |  |
| Mobile: |  | | |
| Email: |  | | |

1. Please give a brief outline explaining why you are interested in becoming an IAG member:
2. Taking into account the IAG Role Profile and Role Specification document supplied, please tell us what skills, experience and qualities you feel that you would bring to the IAG:



1. Please provide detail of any further information in support of your application which has not been covered by the above questions:

|  |  |
| --- | --- |
| Declaration | |
| 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. | |
| Name (Printed) |  |
| Name (Signature) |  |
| Date (DD/MM/YY) |  |

Please return your completed application form and personal information form to:

**Email:** [equalityanddiversity@dyfed-powys.pnn.police.uk](mailto:equalityanddiversity@dyfed-powys.pnn.police.uk)

**Post: Equality and Diversity Team,**

**Dyfed-Powys Police,**

**Police Headquarters,**

**PO Box 99,**

**Llangunnor,**

**Carmarthen,**

**SA31 2PF**

Should you wish to dictate your application to us over the telephone, please contact the Equality and Diversity team on 07970 831460.

**This document can be provided in other formats such as large print, braille, audio and by email. Please contact the Equality and Diversity team at** [**equalityanddiversity@dyfed-powys.pnn.police.uk**](mailto:equalityanddiversity@dyfed-powys.pnn.police.uk) **07970831460 to obtain alternative accessible formats.**