



JUDICIARY OF
ENGLAND AND WALES

Advisory Committees on Justices of the Peace APPLICATION FORM

Instructions for completion and return of this form

This form should be used by applicants for magistrate and non-magistrate member vacancies for advisory committee vacancies.

Please read the Guidance for Applicants (before making your application.

Please complete all relevant sections of the form.

Where applicable, click on the relevant box to place a cross in that box.

Where text is required, type your answers into the form fields. These will expand as you type until they fill the box. Please use Arial font size 11.

If a question does not apply to you, please mark it N/A (not applicable). Do not leave the space blank.

Please send your completed application to the relevant advisory committee by email or post. If sending by post, please ensure the printed copy is fully legible and do not send photocopies.

Contact the advisory committee if you have any questions about completing your application.

This document is produced and maintained by:

Judicial HR
Judicial Office
10th Floor, Thomas More Building
Royal Courts of Justice
Strand
London
WC2A 2LL

1. PRELIMINARY INFORMATION

Applicants are expected to be living or working in, or reasonably close to, the area in which they wish to serve.

Please state the name of the advisory committee to which you are applying:

Advisory Committee	
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How did you become aware of the vacancy for which you are applying?

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2. PERSONAL INFORMATION

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Dr
	<input type="checkbox"/> Other (please state)				
Surname					
Forename(s)					
Previous surname (if any)					
Date of birth	D	M	Year		
Home address (including post code)					
Telephone	Home Work Mobile				
Contact email					
How many years have you lived in the local area?					

3. QUALIFICATIONS

No formal qualifications are required to become a member of an advisory committee. This information is requested to give some background about applicants. It will not be taken into account in assessing suitability for appointment.

Provide a brief summary of your educational and any other significant qualifications (e.g. professional qualifications):

4. EMPLOYMENT AND OTHER VOLUNTARY ROLES

Please provide full information about your employment status.

Employment status	<input type="checkbox"/> Employed	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Not in paid employment
	<input type="checkbox"/> Other (please state)			
Current occupation (if applicable)				
Brief description of work				
Time with employer				
Is the role?	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Fixed Term (end date)	
		Hours per week	D	M Year

Please briefly tell us about any other voluntary roles or public appointments you hold including how long you have held the role and the approximate time commitment involved.

Applicants for magistrate-member vacancies should include the local justice area to which they are currently assigned, how long they have been appointed, and any authorisations held e.g. family court.

5. REFERENCES

Please refer to Appendix A below.

6. REASONS FOR APPLYING TO BECOME AN ADVISORY COMMITTEE MEMBER AND PERSONAL QUALITIES

Please briefly explain your reasons for applying to become a member of an advisory committee and the qualities and experience you have which are relevant to the role.

Please provide a brief description of any hobbies / recreational activities in your spare time:

7. CONVICTIONS AND ORDERS (Non-magistrate applicants only)

Please provide information about any convictions, cautions or civil orders which qualify for disclosure under **Appendix 1B of the Guidance for Prospective Applicants**

The Lord Chancellor will not appoint anyone in whom the public would be unlikely to have confidence.

A civil matter or a minor criminal matter in the past will not necessarily disqualify you for appointment.

You must disclose all relevant matters, including motoring offences, on your application form. Please provide as much information as possible including the date of any conviction(s), caution(s) civil order(s) etc, the nature of the offence(s) or judgement(s) and any penalty or order you received. When disclosing motoring offences include the number of penalty points and the amount of any fine.

8. DECLARATION

The information that I have given in this application is true and complete to the best of my knowledge and belief. I understand that my application is liable to be rejected if I knowingly fail to disclose relevant information in my application.

(Please sign electronically or by hand).

Signed:

Date:

APPENDIX A – REFEREES

Part 1 – Magistrates member vacancies

Please only complete this part if you are a serving magistrate (you do not need to complete part 2).

Please provide the details for your current bench chairman.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Dr
	<input type="checkbox"/> Other (please state)				
Surname					
Forename					
Address (including post code)					
Contact Telephone					
Contact Email					

Part 2 Non-magistrate member vacancies

Please only complete this part if you are not a magistrate (you do not need to complete Part 1)

Please provide details of two persons who know you well enough to provide a brief reference as to your suitability for this role. You must not nominate a spouse, partner or relative as referee.

Referee 1

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Dr
	<input type="checkbox"/> Other (please state)				
Surname					
Forename					
Address (including post code)					

Contact Telephone	
Contact Email	
Occupation (if any)	

Referee 2

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Dr
	<input type="checkbox"/> Other (please state)				
Surname					
Forename					
Address (including post code)					
Contact Telephone					
Contact Email					
Occupation (if any)					