



ROYAL SAINT LUCIA POLICE FORCE

APPLICATION REQUIREMENTS SPECIAL RESERVE POLICE (SRP)

1. QUALIFICATIONS FOR APPOINTMENT

Every male/female who

- a) Is not less than 18 years of age;
- b) Is able-bodied; and
- c) Is of good character

2. CHARACTER

All candidates must be law abiding citizens and have a high standard of personal behavior and social conduct.

3. HEALTH AND FITNESS

Candidates must be physically fit and healthy and possess a clean certificate of character.

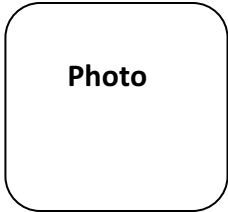
ONLY QUALIFIED APPLICANTS WILL BE ACKNOWLEDGED

PLEASE INCLUDE: CERTIFIED COPIES OF

1. BIRTH CERTIFICATE
2. CERTIFICATE OF CHARACTER
3. ANY OTHER CERTIFICATES
4. PASSPORT SIZED PICTURE-ONE



ROYAL SAINT LUCIA POLICE FORCE



APPLICATION FORM FOR APPOINTMENT AS SPECIAL RESERVE POLICE

Please read these notes carefully before completing the form

You must complete this form yourself and as fully and accurately as possible. The information provided will be assessed and will help determine whether you have the necessary potential to progress to the next stage of the recruitment process.

Application should be completed in **black ink** using **BLOCK LETTERS** on pages **1 to 5**.

You must use your normal handwriting on **Section 6**

Surname: _____	Forename(s) _____
Title: _____ (eg. Mr./Mrs)	Date of Birth: _____
Next of Kin: _____	
Contact Address: _____ _____	
NIS # : _____	Cell #: _____
Telephone No: (home) _____	Work No. (if convenient): _____
Nationality: _____ Age: Years _____ & months _____	
To be eligible for appointment, you must be a Saint Lucian Citizen.	

On completion, please return to:

Commissioner of Police
Police Headquarters
P.O. Box 109
Bridge Street
Castries
Tel: 1-758-456-3812

Section (1) Personal Details

Applicant

Surname: _____ Forename(s): _____

Previous Name: _____ Place of Birth: _____

NIS No: _____ Present Occupation: _____

Present Address:

Previous Addresses (state approximate dates):

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

Are you married? Yes No

Parents/Guardian

1. Surname: _____ Forename(s): _____

Previous Name: _____ Place of Birth: _____

Date of Birth: _____ Nationality: _____

Date of Marriage: _____ Occupation: _____

NIS No.: _____ Address: _____

2. Surname: _____ Forename(s): _____

Previous Name: _____ Place of Birth: _____

Date of Birth: _____ Nationality: _____

Date of Marriage: _____ Occupation: _____

NIS No.: _____ Address: _____

3. Surname: _____ Forename(s): _____
 Previous Name: _____ Place of Birth: _____
 Date of Birth: _____ Nationality: _____
 Date of Marriage: _____ Occupation: _____
 NIS No.: _____ Address: _____

Section (2) Education

You are required to produce education certificates along with your application form. If you are still in, or have recently left full time education, a reference from the place concerned is also required.

Please enter details of your education from the age of 12 years.

Name and address of School/College/university	Attendance		
	From	To	Full or Part-time

Section (3) Employment History

Details of Present (or most recent) Employment (or School/College etc) if leaving full-time education	
Employer's name	
Address	
Position held & Main Duties	
Reason(s) for wanting to leave	

Previous Employment				
Name & Address of Employer	Position Held & Main Duties	Date		Reason for Leaving
		<u>Started</u>	<u>Left</u>	

Section (4) Voluntary/ Community Work

Please list any voluntary/community work you have performed (e.g. youth/community group)		
	DATE	Position

Section (5) Health

Please note: Prior to acceptance you may be requested to answer further questions relating to your medical history and will be required to pass a medical examination and physical test. To be eligible for appointment applicants must be in good health

(a) Do you have any medical condition which might affect your performance as a Police Officer
 Yes No

If yes or unsure give details on the continuation pages

(b) Do you wear spectacles or contact lenses? Yes No

Applicants should have unaided vision of not less than 6/18 in each eye (Snellen's Test); the distance vision should be correctable with approved vision aids to a standard of 6/6 in one eye 6/12 in the other eye and 6/6 binocularly. The test for near vision with aids should be in accordance with the standards set by the Chief Medical Officer.

Section (6) Additional Information

(A)

Have you ever been charged with, or summoned for, any offence or had an order made against you by any court.

Yes No

If yes, give particulars.

Do you have a Driver's License?

Yes No

If yes, state what class:

Are you able to swim?

Yes No

Give details of sports or games in which you participate.

(B)

Please give reasons for wanting to become a Special Reserve Police.

Section (7) Recommendation

Give here the names and addresses of three persons NOT RELATIVES OR SERVING POLICE OFFICERS, who have known you for not less than five (5) years and who are prepared to recommend your application and vouch for your character.

Names of Persons Recommended	Address & Contact Telephone #	Occupation	Period Knowing Candidate (years)

Section (8) Declaration

I declare that all the information contained in this application is correct to the best of my knowledge and belief and that no relevant information has been willfully withheld. I understand that my misrepresentation will invalidate my application and, if employed, will constitute a breach of Police Misconduct Regulations and render me liable for disciplinary action.

Signed: _____ Date: _____
