

ROYAL ST.LUCIA POLICE FORCE

APPLICATION REQUIREMENTS

1. **CITIZEN**

ALL CANDIDATES MUST BE A CITIZEN OF SAINT LUCIA.

2. **AGE**

Candidates must be at least 18 years and not older than 35 years of age.

3. **ATTAINMENT**

All interested candidates should possess at least (5) CXC General I, II, III (Grade III General Proficiency from June 1998) Basic 1. English is compulsory, five (5) GCE, O'Levels, or equivalent.

4. **CHARACTER**

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

5. **HEALTH AND FITNESS**

Candidates must be physically fit and healthy and complete all elements of the fitness and medical exams.

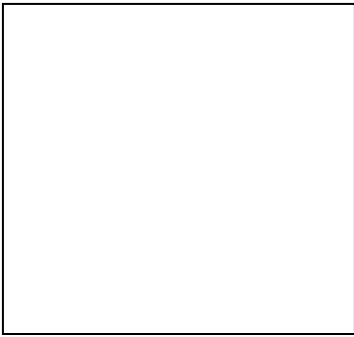
6. Forms should be completed in writing by the applicant only.

7. In order to be considered the application form must be fully completed and all certified documents **MUST** be attached. Incomplete application forms will be rejected.

ONLY SUCCESSFUL APPLICANTS WILL BE CONTACTED

PLEASE INCLUDE: CERTIFIED COPIES OF

1. **BIRTH CERTIFICATE**
2. **CXC CERTIFICATE/SLIP**
3. **ANY OTHER CERTIFICATES**
4. **PASSPORT SIZED PICTURE - TWO**



ROYAL ST. LUCIA POLICE FORCE
APPLICATION FORM FOR APPOINTMENT
AS POLICE CONSTABLE

Please read this note carefully before completing the form

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

Applications should be completed in **BLACK INK** using **BLOCK LETTERS** on pages **1 – 5**. You must use your normal handwriting on pages **6 – 10**.

Surname: _____		Forename(s): _____	
Alias: _____		Title: _____	
		(e.g. Mr./Mrs./Miss)	
Height: _____		Date of birth: _____	
		(month/day/year)	
Contact Address: _____			
Telephone no. : (home) _____		Work no: _____	Cellular: _____
Nationality: _____		Age: years _____	months _____
TO BE ELIGIBLE FOR APPOINTMENT			
YOU MUST BE A ST. LUCIAN CITIZEN			

On completion please return to:

Commandant
Royal St. Lucia Police Force Academy
La Toc Road
Castries

Section (1)

Personal Details

Applicant

Surname: _____ Forename(s): _____

Previous Name: _____ Place of Birth: _____

NIS No: _____ Present Occupation: _____

Present Address: _____

Tattoos Yes No Piercings Yes No

Previous Addresses (state approximate dates):

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

Are you married? Yes No

Parents/Guardian

1. Surname: _____ Forename(s): _____

Previous Name: _____ Alias: _____

Date of Birth: _____ Nationality: _____

Date of Marriage: _____ Occupation: _____

Relationship: _____ Place of Birth: _____

Address: _____

Contact Numbers: _____

2. Surname: _____ Forename(s): _____

Previous Name: _____ Alias: _____

Date of Birth: _____ Nationality: _____

Date of Marriage: _____ Occupation: _____

Relationship: _____ Place of Birth: _____

Address: _____

Contact Numbers: _____

Spouse/Common Law Partner/Partner

Surname: _____ Forenames: _____

Previous Name: _____ Alias: _____

Date of Birth: _____ Nationality: _____

Date of Marriage: _____ Occupation: _____

Relationship: _____ Place of Birth: _____

Address: _____

Contact Numbers: _____

Other Members of Household

Surname: _____ Forename(s): _____

Previous Name: _____ Alias: _____

Date of Birth: _____ Nationality: _____

Date of Marriage: _____ Occupation: _____

Place of Birth _____ Relationship: _____

(e.g. sister, cousin)

Contact Numbers: _____

Surname: _____ Forename(s): _____

Previous Name: _____ Alias: _____

Date of Birth: _____ Nationality: _____

Date of Marriage: _____ Occupation: _____

Place of Birth: _____ Relationship: _____

(e.g. sister, cousin)

Contact Numbers: _____

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.

(a) Do you have any medical condition(s) which the organization should be aware of?
Yes No

If yes indicate below:

Asthama Dizzy spells Heart problems High blood pressure Kidney
problems Diabities Other

(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 deported, charged, or summoned for any offence or had an order made against you by any court in St. Lucia or out of St. Lucia?

Yes

No

If yes, give particulars.

Do you have a Driver's License Yes No

Are you able to swim Yes No

Give details of sports or games in which you take part.

(B) Please give reasons why you wish to join the Police Force.

(Continue on separate page if required)

BEFORE COMPLETING THIS SECTION, PLEASE READ THE CRITERIA SPECIFICATION. THE DETAILS IN THIS SECTION WILL BE ASSESSED TO DETERMINE WHETHER YOU WILL BE INVITED TO CONTINUE IN THE SELECTION PROCESS.

- (C) **Explain how you would relate your education/training/experience in paid work or other activities to the selection criteria described. Please ensure that you provide examples for each skill as listed below.**

<i>Criteria</i>	<i>Examples/Evidence</i>
Professional and ethical standards, awareness of social issues	
Communication Skills	

(continue each criterion on a separate page if required)

Criteria	Examples/Evidence
Communication Skills	
Decision Making	

(continue each criterion on separate page if required)

<i>Criteria</i>	<i>Examples/Evidence</i>
Creativity and Innovation	
Ability to portray a positive image of the Force	

(continue each criterion on separate page if required)

Section (7) Recommendation

Provide 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. These individuals should be a past teacher, previous employer or a respectable person from your community.

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 any misrepresentation will invalidate my application and, if employed, will constitute a breach of Police Misconduct Regulations and render me liable to disciplinary action.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY	
Date application received: _____	
Received by: _____	
Disqualified <input type="checkbox"/>	Accepted <input type="checkbox"/>
Reason(s) if disqualified: _____	

