# 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 (3) CXC General 1, 2, 3 or Basic 1. English is compulsory, five (3) 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.

## ONLY QUALIFIED APPLICANTS WILL BE ACKNOWLEDGED

#### PLEASE INCLUDE: CERTIFIED COPIES OF

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



#### ROYAL ST. LUCIA POLICE FORCE

## APPLICATION FORM FOR APPOINTMENT Special Police Constable

#### Please read this note 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 to determine whether you have the necessary 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): _		
Title:(e.g. Mr/Mrs/Miss)	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, Police Training Academy Royal Saint Lucia Police Force Post Office Box 109

La Toc

**Castries** 

## Section (1) Personal Details

## **Applicant**

Previous Name: F		Forename(s):	Present Occupation:		
		Place of Birth:			
		Present Occupation:			
Pres	ent Address:				
Prev	vious Addresses (state approxima	te dates):			
		From	To		
		From	To		
		From	То		
Are y	you married? Yes	□ No □			
	ents/Guardian	F()			
1.	Surname:	2. 1			
	Previous Name:				
	Date of Birth:	200 C C C C C C C C C C C C C C C C C C			
	Date of Marriage:				
	NIS No.	Address:			
2.	Surname:	Forename(s):			
	Previous Name:				
	Date of Birth:				
	Date of Marriage:		3		
	NIS No				

### **Spouse**

Surname:	Forenames:
Previous Name:	Place of Birth:
Date of Birth:	Nationality:
Date of Marriage:	
NIS No.:	Address:
Other Members of Household	
Surname:	Forename(s):
	Place of Birth:
Date of Birth:	
Date of Marriage:	
NIS No.	
Surname:	Forename(s):
Previous Name:	Place of Birth:
Date of Birth:	Nationality:
Date of Marriage:	Occupation:
NIS No	Relationship: (e.g. sister, cousin)
Surname:	Forename(s):
Previous Name:	Place of Birth:
Date of Birth:	Nationality:
Date of Marriage:	Occupation:
NIS No.	Relationship:(e.g. sister, cousin)
Surname:	Forename(s):
Previous Name:	Place of Birth:
Date of Birth:	Nationality:
Date of Marriage:	Occupation:
NIS No.	Relationship:(e.g. sister, cousin)

## Section (2) Education

You are required to produce education certificates along with your application from. It 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
	-		

#### Please list all examinations passed.

Examination CXC, GCE, Cert., Dip., Degree etc.	Grade	Date Passed

## Section (3) Employment History

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

	Previous E	mployment		230
Name & Address o	of Position held & Main Duties	Da Da	te	Reason for Leaving
Employer		<u>Started</u>	<u>Left</u>	
Section (4) Please list any	Voluntary/Cor voluntary/community work you			h/community group)
		Date		Position
		Date		rosition
Section (5)	Health			
	r to acceptance you may be requend will be required to pass a medi	ical examinatio	n and phys	rical test.
	To be eligible for appointment a	S. S.	10 <del>5</del> 5	
(a)	Do you have any medical condition officer Yes	n which might af No C		rformance as a police
	If yes or unsure give details on the	continuation pag	ges.	
(b)	Do you wear spectacles or contact	lenses? Yes		No 🗆
distance vision	ald have unaided vision of not less should be correctable with approver er eye, and 6/6 binocularly. The te	ed vision aids to	a standard	l of 6/6 in one eye,

## 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 No			
If yes, give particulars.			
Do you have a Driver's License Yes No No			
Are you able to swim  Yes  No  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 PERSON 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.

Criteria	Examples/Evidence
	15 8
Professional and ethical	
standards, awareness of social	
issues	
Communication Skills	

(continue each criterion on a separate page if required)

Criteria	Examples/Evidence
	19%
Communication Skills	
Decision Making	

(continue each criterion on separate page if required)

Criteria	Examples/Evidence
	1996
Creativity and Innovation	
Ability to nortray a nositive	
Ability to portray a positive image of the Force	
image of the Force	

(continue each criterion on separate page if required)

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

Signed:	Date:	