RIDE along Scheme

EXPERIENCE WHAT THE POLICE DO
Thank you for expressing an interest in the Ride Along Scheme. The purpose of the scheme is to provide an opportunity for you to gain a practical insight into the nature of police work during routine patrol activities that are carried out in public by North Wales Police’s Local Policing Services front line officers. Observers wishing to observe a stop and search being carried out will be provided with that experience should the opportunity arise.

The nature of police work is very varied and you are encouraged to ask as many questions as you wish during your Ride Along. Please find enclosed details about how to progress your application and important information to ensure your safety on the Ride Along. Please complete the Health Questionnaire and seal it in the envelope provided addressed to the Occupational Health Unit. Please then return it together with this completed application form to:

Community Safety Department, North Wales Police,  
Ffordd William Morgan, St Asaph Business Park,  
St Asaph LL17 0HQ

Once we have received your completed forms you will be contacted by a member of staff from one of the teams who will arrange the observation directly with you. It takes time to make these arrangements and your patience is appreciated.

We hope you find the experience informative and enjoyable. Your views on the experience are really important and we look forward to hearing your feedback.

**TERMS & CONDITIONS**

Participants in the scheme must:

- Be aged 18 years or above.
- Reside in the Force area.

By completing and signing the application form you are consenting to being screened as part of assessing your suitability. This will include a criminal records check and assessment by North Wales Police Occupational Health Unit following receipt of your completed Health Questionnaire. In the event that your application is refused, there is no requirement for NWP to provide reasons for the refusal. Previous convictions will not automatically stop a Ride Along. Each case will be considered individually.

The Force reserves the right to refuse participation in this scheme and to terminate the Ride Along, if it is necessary to enable the officer to carry out their work effectively, efficiently and safely.

On the day of your placement, please bring with you photo identification in the form of a passport or driving licence. This will need to be shown to your escorting officer.

Any personal information supplied in connection with this application will be processed in accordance with the Data Protection Act 1998 and used for the purpose of administering this scheme. It will not be used for any other purposes and will be disposed of securely when it is no longer required.
Your details
Title: ........................................  Last name: .................................................................................................................................
Previous last name (if applicable): ................................................................................................................................
Forename(s): ........................................................................................................................................................................
Place of birth: ........................................................................................................................................................................
Nationality: ...........................................................................................................................................................................
Date of birth: ...........................................................................................................................................................................
Address: ................................................................................................................................................................................

How long at current address: ..........  If less than 3 years, previous address: ..............................................................

Home telephone number: ......................................................................................................................................................
Mobile telephone number: ......................................................................................................................................................
Email address: ........................................................................................................................................................................
Next of kin name: ....................................................................................................................................................................
Next of kin address: ...................................................................................................................................................................

Next of kin home telephone: ..................................................................................................................................................
Next of kin mobile telephone: ..................................................................................................................................................

Observers will be required to wear a hi-visibility jacket whilst out on patrol.
Please indicate which size you would require.

Available sizes are:
Medium (chest 98 – 102cm) □  Large (chest 106 – 110cm) □  Extra Large (chest 114 – 118cm) □

What you would like to observe
Please give as much detail as possible so we can organise the most appropriate observation.

For example observe first-hand:
- the work of our Neighbourhood Policing Teams.
- how our Police Officers respond to calls.
- a stop search being conducted.

What activities you would like to observe: ........................................................................................................................

Where (locality): ........................................................................................................................................................................
Preferred dates and times: ........................................................................................................................................................
Why you would like to participate: ...........................................................................................................................................

Please sign below
Full Name (BLOCK CAPITALS): ................................................................................................................................................
Date and Place of Birth: ............................................................................................................................................................
Signature: .................................................................................................................................................................................  Date: ................................................
**OBSERVER BRIEFING SHEET**

You are to comply strictly with all instructions given to you by the member of staff you are observing.

- When on patrol, please remain in the vehicle at all times until the Escorting Officer directs otherwise. If the Escorting Officer directs you to a place of safety, please comply fully with their instructions.
- You must wear appropriate clothing & footwear that is suitable to the task you are observing.
- When observing the work of operational staff, you will be provided with a high-visibility jacket marked “Observer”. Please wear this at all times when on patrol.
- There is the possibility that if you accompany the police on operational duty and witness an incident, then you may be a witness to that incident and as such you may be called to give evidence.
- The health and safety of ride along scheme observers is important to us and you will not volunteer to get involved in any police operations or services.
- You must declare any illness or injury (including mental illness) which we may need to be aware of and which may place you at any additional risk of harm and affect your participation in the scheme. For example, you must say if you have a heart condition, high blood pressure, have epilepsy or diabetes or have a back/neck injury. However, this is not an exhaustive list of medical conditions.
- At the start of the placement, you must read and sign a confidentiality agreement, risk assessment and local induction checklist.

I accept all the terms and conditions as described above and agree to indemnify the Police and Crime Commissioner for North Wales, the Chief Constable of North Wales Police and their officers, employees, servants and agents against all claims, proceedings, damages and costs which may arise from my participation in the Ride Along Scheme save for any claims, litigation, damages and costs which arise as a result of the negligence of the Chief Constable of North Wales Police, their officers, employees, servants or agents.

**Please sign below**

Full Name (BLOCK CAPITALS): ....................................................................................................................................................................

Date and Place of Birth: ..........................................................................................................................................................................................

Signature: ................................................................................................... Date: .....................................................................................................
EQUAL OPPORTUNITIES INFORMATION

The information on this form is for monitoring purposes only and will not be made available to those assessing your application. The information supplied will be treated in the strictest confidence and will not affect your job application in any way. Completion of this section of the application form is voluntary, but the information will help us to ensure equality of opportunity.

The following questions are designed to help us monitor the effectiveness of our Equal Opportunities policy. The response will be treated with confidentiality.

Please tick the appropriate box:

GENDER

Male ☐ Female ☐ Other ☐

Do you consider yourself to be disabled?

Yes ☐ No ☐

You may be asked to enter Police buildings and vehicles; would you require any adjustments to be made to enable this?

Yes ☐ No ☐

If YES, please specify the nature of the required adjustment ..........................................................................................................................
..........................................................................................................................
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ETHNIC GROUP

What is your ethnic group? Choose one option that best describes your ethnic group or background.

<table>
<thead>
<tr>
<th>White</th>
<th>British ☐</th>
<th>Asian or Asian British</th>
<th>Bangladeshi ☐</th>
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<tbody>
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<td></td>
<td>Irish ☐</td>
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<td>Indian ☐</td>
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<td>Welsh ☐</td>
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<td>Pakistani ☐</td>
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<td>English ☐</td>
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<td>Any other Asian background ☐</td>
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<td></td>
<td>Scottish ☐</td>
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<td>**Any other white background ☐</td>
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<table>
<thead>
<tr>
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<th>White and Asian ☐</th>
<th>Asian or Asian British</th>
<th>Bangladeshi ☐</th>
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<tbody>
<tr>
<td></td>
<td>White and Black African ☐</td>
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<td>White and Black Caribbean ☐</td>
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<tr>
<td></td>
<td>**Any other mixed background ☐</td>
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</table>

**Other (please specify) ........................................................................................................................................................................

**Other (please specify) ........................................................................................................................................................................

RESTRICTED WHEN COMPLETE
What is your preferred language for communication during observation?

Welsh ☐  English ☐  Either ☐

In accordance with commitments in our joint Welsh Language Scheme we acknowledge that the Welsh speaking public should be able to use Welsh when dealing with the police. However, not all of our operational staff speak Welsh fluently. Therefore it may not always be possible to provide a person wishing to participate in this scheme whose preferred language is Welsh with an escorting officer who is a fluent Welsh speaker at their locality when specific dates/times are requested.

SIGNED ....................................................................................................................................................................................................................................
HEALTH ASSESSMENT QUESTIONNAIRE

Full Name (BLOCK CAPITALS): ......................................................................................................................................................

Date of Birth: .......................................................................................................................................................................................................

Health History

Please state if you have or have had any of the following conditions:

1. Any disease of the heart or blood vessels Yes / No
2. Heart attack (e.g. Coronary Thrombosis, Myocardial Infarction) Yes / No
3. Chest pain (e.g. Angina) Yes / No
4. High/low blood pressure Yes / No
5. Fits/Epilepsy Yes / No
6. Blackouts/fainting attacks Yes / No
7. Eye disease/injury/changes in quality of vision Yes / No
8. Diabetes Yes / No
9. Dizziness or Vertigo (e.g. Meniere’s Disease) Yes / No
10. Hearing difficulty Yes / No
11. Mental health problems (e.g. Anxiety or Depression) Yes / No
12. Physical disability (e.g. Arthritis or back problems) Yes / No
13. Are you receiving medical attention from your doctor or a Consultant Yes / No
14. If so, please provide details: ..........................................................................................................................................................

15. Do you take any medication? Yes / No
16. If so, please provide details: ..........................................................................................................................................................

17. Have you been referred to a Specialist or had any operations during the last 5 years? Yes / No
18. If so, please provide details: ..........................................................................................................................................................

Signature: ...................................................................................................      Date: .........................................................................................

Once completed, please carefully remove this page from this booklet, place this page into the envelope provided addressed to Occupational Health Unit, seal the envelope and return it together with this application form.

All personal information submitted to the North Wales Police Occupational Health Unit when applying to take part in the Ride Along Scheme will be treated as confidential and will not be shared outside of the Occupational Health Unit. If a health condition does not prevent you from taking part, but is something our officer would need to know, we will ask you for your permission before disclosing the information to the officer accompanying you on the Ride Along. Please ensure you share as much information as possible so that we may ensure your safety when out on patrol with one of our officers. All data submitted is processed and handled in accordance with the Data Protection Act 1998.