Security Check (SC) /

Counter Terrorist Check (CTC) Questionnaire



Immediate

Important: Please read the notes on Pages 3 and 4 before completing the form.

1. How to complete this form

Please ensure you only write inside the fields provided. Do not mark or strike through any other areas of the form. If completing by hand please write in BLACK INK using BLOCK LETTERS. If an answer will not fit in the space provided, please enter your answer on the continuation sheets (pages 55 to 57). If you make a mistake, please do not correct it but delete it by striking it through. Please do not use correcting fluid.

Ensure you answer ALL the questions. You can use the abbreviation NA (Not Applicable) if a question does not apply to you. Not Known - If you do not know the answer, or you cannot provide the information needed, write NOT KNOWN in the first line only of the relevant question. Please provide an explanation why the information is unknown to you in the appropriate boxes or on the continuation sheets (pages 55 to 57). Unanswered questions or Not Known replies may cause delay to the processing of this questionnaire.

CTC - review

Priority

YOU MUST READ THE PRIVACY NOTICE ON PAGE 64 BEFORE COMPLETING THE FORM

CTC

If you have requested Priority or Immediate clearance, please provide justification below:

2. Security Clearance Required - To be completed by all Sponsors

Sponsors must also complete pages 59 to 63.

SC - review

Precedence (how urgent is the requirement for clearance?) Routine

Type of Security Clearance required:

SC

| I certify that this Priority/Immediate application is sup | ported by | a letter of ju | stification, si | gned at the appr | opriate level | |
|---|--------------------|----------------------|---------------------------|-------------------|--------------------|-----|
| Date by which clearance is required: | /ууу | | | | | |
| If the employee requires this clearance to access class organisations, please tick appropriate box. NATO | ified inforn EU | nation from Other | NATO/EU/Oth (please sp | | international | |
| (NATO, EU, and Other countries/international organis need to access classified information or sites belongi | | | only required | l if the employee | e has a specific | |
| 3. Your Details | | | | | | |
| a. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx) | b | . Gender: | Male: | Female: | Other: | |
| f you have answered 'Other', please provide your gend | ler identity | : | | | | |
| c. Full Forenames: | | | | | | |
| Failure to declare all forenames will result in your appli box to confirm that you have declared all forenames, in | | | | delayed or cand | elled. Please tick | the |
| d. Surname (now): | | | | | | |
| e.Date of Birth: Country of Bi | irth: | | | | | |
| f. Town of Birth: g. County / Region of Birth: | | | | | | |
| | Page | e 1 | | | | |

| h. Has your surname changed at any time since birth? | Yes | No |
|---|-------------------|---------------------------|
| i. If you have answered 'Yes', please provide your surname at b | oirth: | |
| j. Reason for surname change: | | |
| k. Apart from the surname(s) you have already declared, have y | you ever had any | other surnames? |
| Yes No | | |
| If you have answered 'Yes', please add all other surnames you | have had and th | e reason for change. |
| Previous surname | Reason for | change of surname |
| | | |
| | | |
| | | |
| I. Have your forenames changed at any time since birth? Yes | s No | |
| If you have answered 'Yes', please provide your forename(s) at | birth: | |
| Reason for forename change: | | |
| m. Apart from the forename(s) you have already declared, have | you ever had a | ny other forenames? |
| Yes No | | |
| If you have answered 'yes', please add all other forenames you | have had and th | ne reason for change. |
| Previous forename | Reason for | change of forename |
| | | |
| | | |
| | | |
| | | |
| 4. Your Additional Details | | |
| | | |
| a. Current rank/grade: b. Job title: | | |
| c. Staff or Service Number (if you do not currently have one, ple (For example, Civil Service staff number, HM Forces service numb | | |
| d. Do you have a UK National Insurance Number? Yes | No | |
| If 'yes', please enter your National Insurance Number. (Please enter this in the correct format AB112233C, with capital letter) | ers and no space | s.) |
| Is this a temporary NI number? Yes No | | |
| If you do not have a UK NI number (either temporary or perman | nent) please prov | ride a brief explanation: |

Statement of HM Government Personnel Security and National Security Vetting Policy

MINIMUM PERSONNEL SECURITY CONTROLS

1. It is HM Government's policy that all areas of government and the national infrastructure should include in their recruitment processes certain basic checks. These checks include verification of the applicant's identity, employment history, their right to work in the UK and, if appropriate, checks of any unspent criminal records. Within government these controls are described in the Baseline Personnel Security Standard. In addition, the Centre for the Protection of National Infrastructure (CPNI) produces a range of relevant guidance on personnel security and makes similar advice available to the wider national infrastructure.

NATIONAL SECURITY VETTING

- 2. National security vetting comprises a range of additional checks and may be applied where a risk assessment indicates it is proportionate to do so. The risk assessment process takes account of the access an individual may have to sensitive assets (physical, personnel or information) at risk from a wide range of threats. These threats include: terrorism, espionage, or other actions that could threaten the United Kingdom. The requirements of international agreements concerning the protection of allies' information may also inform such assessments.
- 3. It is government policy that individuals should not be expected to hold an existing security clearance in order to apply for posts that require vetting, except where such posts are short term and need to be filled urgently.
- 4. There are three different types of national security vetting clearance: Counter Terrorist Check (CTC), Security Check (SC) and Developed Vetting (DV). Before any such clearance is undertaken the requirements of the Baseline Personnel Security Standard must be met. Whilst the information required and the range and depth of checks undertaken at each level may vary, they are all intended to allow Government departments and agencies, the Armed Forces and police forces to assess whether individuals who are to be employed in sensitive posts or critical functions might represent a security risk either directly or indirectly.

CHECKS

- 5. Individuals subject to national security vetting (including UK nationals taking up sensitive posts in international organisations) will be asked to provide via questionnaire personal information about themselves, partners, family members and other associates. It may be checked, and retained for future checks, against:
- Relevant personnel records held by the employing department or company
- Criminal records (both spent and unspent as defined by the Rehabilitation of Offenders Act 1974)
- Information held by the Security Service.
- · Credit reference agency records"
- 6. The process may also take account of:
- · Financial circumstances generally
- Third party character references
- · Any medical considerations that could give rise to security concerns"
- 7. Interviews with the vetting subject and referees may be carried out to establish good character and to verify information that has been provided.

DECISION MAKING

- 8. National security vetting decisions may only be taken by Government departments, agencies, the Armed Forces or police forces. All the available information is taken into account to reach a reasoned decision on an individual's suitability to hold a security clearance.
- 9. Security clearances may be refused or withdrawn where:
- There are security concerns related to an individual's involvement or connection with activities, organisations or individuals associated with the threats described in this Statement (or any similar new threats that emerge);
- Personal circumstances, current or past conduct indicate that an individual may be susceptible to pressure or improper influence;
- Instances of dishonesty or lack of integrity cast doubt upon an individual's reliability;
- · Other behaviours or circumstances indicate unreliability."
- 10. Wherever possible existing employees will have an opportunity to discuss, comment on and challenge any adverse information that arises. However in certain circumstances it may not be possible to share such information as this could compromise national security, the public interest or third party confidentiality.

AVENUES OF APPEAL

- 11. Existing employees who are subject to national security vetting and either refused a security clearance or whose clearance is withdrawn may appeal against such decisions. All departments and agencies that carry out national security vetting must provide for an internal appeal process. Where individuals remain dissatisfied they may appeal to the Security Vetting Appeals Panel, an independent body.
- 12. The Panel will consider the case, review the information and invite the appellant and the organisation to make representations. The Panel will make recommendations to the Head of Department or organisation in the light of its findings as to whether the decision should stand or be reviewed. The Panel may also comment on the security vetting procedures and adequacy of the internal appeal arrangements.
- 13. There are no national security vetting appeal routes for applicants for employment who are refused a security clearance. Separate arrangements exist for applicants, employees and contractors of the security and intelligence agencies, who may complain to the Investigatory Powers Tribunal. Any individual may apply to an Employment Tribunal if they feel that they have been discriminated against in any part of the recruitment process.

ONGOING PERSONNEL SECURITY MANAGEMENT

14. The national security vetting process provides an assessment of the vetting subject at the time the process is carried out but active ongoing personnel security management is required to ensure that a security clearance maintains its currency. As a minimum this will involve active consideration of the vetting subject's continuing conduct in respect of security matters; it will also require checks to be repeated at regular intervals.

Please note that any information provided will be treated in strict confidence. In cases where a potential risk is identified, and a decision taken to 'manage the situation' rather than refuse security clearance, those tasked with managing that risk will need the appropriate information in order to do this effectively.

FAILURE TO DISCLOSE RELEVANT CIRCUMSTANCES OR INFORMATION IS LIKELY IN ITSELF TO BE REGARDED AS EVIDENCE OF UNRELIABILITY AND WILL BE TAKEN INTO ACCOUNT WHEN ASSESSING YOUR SUITABILITY FOR SECURITY CLEARANCE. IT IS THEREFORE IN YOUR OWN INTERESTS TO BE HONEST AND OPEN IN THE INFORMATION YOU PROVIDE IN THIS QUESTIONNAIRE.

Fair Processing Statement

You will now be asked to supply "personal" and "sensitive personal" data as defined by current Data Protection legislation. You will be supplying this data to the appropriate Vetting Authority (VA) where it will be processed exclusively for the purpose of security vetting, in accordance with HM Government's vetting policy, save that, in the highly unlikely event that data supplied by you discloses or suggests that:

- a criminal offence has occurred or is likely to occur.
- staff may be at risk, e.g. if you have been diagnosed with a serious mental condition as potentially endangering yourself or others.

then the vetting authority may pass on that information alone to the appropriate person(s). Subject to this, the vetting authority will protect the information you provide and will ensure that it is not passed to anyone who is not authorised to see it.

We handle all personal information that we have gathered during the vetting process in confidence. In a very small number of cases, if we think we have found a serious risk to national security, we may discuss the case with the relevant security authorities. In an even smaller number of risky cases, and only with your agreement, relevant information may be shared with the personnel management authority of the organisation which will employ you/is employing you, where this will help your employer to manage a particular risk that we have identified. If you are worried about confidentiality, please contact your sponsor for advice.

Your Nationality 5.

In this section you are required to provide details of your current and any former Nationality.

If applicable you must provide full details of the date of naturalisation or when you took up residency in the UK. If naturalised, please ensure that you provide details of your current and previous nationality.

a. Is your present nationality:

British (including English, Scottish, Welsh and Northern Irish) Irish Other

If you have answered 'other', please enter your nationality:

b. Have you held this nationality since birth? No Yes

If you answered 'no', from what date have you held this nationality? Since

mm уууу

Is this: Nationality or citizenship

(Nationality is the status of belonging to a particular nation, whether by birth or naturalisation. Citizenship is a particular type of nationality. If you have citizenship in a country, you have the right to live there, work, vote, and pay taxes.)

c. Do you currently hold, or have you ever previously held, any other nationalities or citizenships? Yes No

If you answered 'yes', please enter any other nationalities/citizenships that you currently hold or have previously held.

Nationality 1: Is/was **Current or** Date from: Date to: this: previous?

> **Nationality** Current

Citizenship **Previous** mm уууу mm уууу

Nationality 2: Is/was **Current or** Date from: Date to:

Current

previous?

Citizenship **Previous** mm mm уууу уууу

6. Your Citizenship

British Naturalisation

a. Are you British naturalised? Yes No

this:

Nationality

If you answered 'yes', please provide the number and date of certificate. (Please note this is not your birth certificate number)

Number: Date:

dd mm уууу

British Residency

b. If you are not a British Citizen, and you are currently living in the UK, please enter the date of taking up permanent residence in the UK. (This is not necessarily the same as the date of the permission to stay in the UK)

> dd mm уууу

7. Your Addresses

In this section you are asked to provide address details to cover the past 5 years. This should include:

- Periods of no fixed abode
- Periods abroad
- Student accommodation
- Flat/property that you may have rented while working away from home
- Any other addresses at which you live or have lived while away from your permanent home address

You do not need to provide details of hotels etc. at which you may have spent a short period on holiday.

| Please provide your curi | rent permanent home address firs | st and work ba | ickwards. | | |
|---|----------------------------------|----------------|-----------|------------|------|
| Address 1: | | | | | |
| Type of address: | Current or previous? | Date from | n: | Date to: | |
| UK | Current | | | | |
| Overseas | Previous | mm | уууу | mm | уууу |
| BFPO | | | | | |
| No fixed abode | | | | | |
| Please fill in the fields which | ch are applicable: | | | | |
| Flat number: | House number: | House nar | ne: | | |
| (BFPO addresses only) | Name/Rank/Number: | | | BFPO Code: | |
| Address Line 1: | | | | | |
| Address Line 2: | | | | | |
| Address Line 3: | | | | | |
| Town: | | | | | |
| County (or Region/Area/ | State for overseas addresses): | | | | |
| Postcode (or equivalent, where applicable, for overseas addresses): | | | | | |
| Country (if not UK or a Bh | FPO address): | | | | |
| | | | | | |
| | | | | | |

| Address 2: | | | | | |
|------------------|----------------------|------------|------|----------|------|
| | | | | | |
| Type of address: | Current or previous? | Date from: | | Date to: | |
| | | | | | |
| UK | Current | | | | |
| | B | | | | |
| Overseas | Previous | mm | уууу | mm | уууу |
| BFPO | | | | | |
| ыго | | | | | |
| No fixed abode | | | | | |
| | | | | | |
| | | | | | |

Please fill in the fields which are applicable:

| Flat number: | House number: | House name |): | | |
|---|--------------------------------|------------|------------|------------|------|
| (BFPO addresses only) | Name/Rank/Number: | | | BFPO Code: | |
| Address Line 1: | | | | | |
| Address Line 2: | | | | | |
| Address Line 3: | | | | | |
| Town: | | | | | |
| County (or Region/Area/ | State for overseas addresses): | | | | |
| Postcode (or equivalent, where applicable, for overseas addresses): | | | | | |
| Country (if not UK or a Bl | FPO address): | | | | |
| | | | | | |
| Address 3: | | | | | |
| Type of address: | Current or previous? | Date from: | | Date to: | |
| UK | Current | | | | |
| Overseas | Previous | mm | уууу | mm | уууу |
| BFPO | | | | | |
| No fixed abode | | | | | |
| Please fill in the fields whi | ch are applicable: | | | | |
| Flat number: | House number: | House name | : : | | |
| (BFPO addresses only) | Name/Rank/Number: | | | BFPO Code: | |
| Address Line 1: | | | | | |
| Address Line 2: | | | | | |
| Address Line 3: | | | | | |
| Town: | | | | | |
| County (or Region/Area/State for overseas addresses): | | | | | |
| Postcode (or equivalent, where applicable, for overseas addresses): | | | | | |
| Country (if not UK or a BFPO address): | | | | | |

| Address 4: | | | | | |
|--|--|------------------|--------------------|------------------|-------------|
| Type of address: | Current or previous? | Date fro | m: | Date to: | |
| UK | Current | | | | |
| Overseas | Previous | mm | уууу | mm | уууу |
| ВГРО | | | | | |
| No fixed abode | | | | | |
| Please fill in the fields which | ch are applicable: | | | | |
| Flat number: | House number: | House na | me: | | |
| (BFPO addresses only) | Name/Rank/Number: | | | BFPO Code: | |
| Address Line 1: | | | | | |
| Address Line 2: | | | | | |
| Address Line 3: | | | | | |
| Town: | | | | | |
| County (or Region/Area/ | State for overseas addresses): | | | | |
| Postcode (or equivalent, t | where applicable, for overseas addr | resses): | | | |
| Country (if not UK or a BF | ⁻ PO address): | | | | |
| 8. Your Contact | Details | | | | |
| _ | sked to provide your contact deta it your contact details are correct | - | ible you will be o | contacted during | the vetting |
| a. If we need to contact y | ou, would you prefer to be conta | cted at: Hon | ne W | ork | |
| We will try to meet your co | ntact preference where possible bu | ıt this cannot a | lways be guarant | eed. | |
| b. Please provide your contact telephone numbers (in order of preference). If you are not providing a contact email address, you must enter at least TWO separate telephone numbers. | | | | | |

Country code (+): Number: Extension (if applicable) (if applicable)

Number:

Preferred contact number:

Alternative contact number 1:

Country code (+):

(if applicable)

Extension

(if applicable)

| | OFFICIAL SENSITIVE PI | ENSONAL (When completed) | |
|-----------------------------------|---------------------------|------------------------------|--|
| Alternative contact number | er 2: | | |
| Country code (+): (if applicable) | Number: | Extension (if applicable) | |
| c. Contact email address: | | | |
| | | | |
| | | | |
| 9. Your Work Ad | dress | | |
| Please provide details of | your current work address | | |

| Please provide details of | of your current w | ork address | | | |
|------------------------------|--------------------|----------------------|-----------|------------|--|
| Type of address: | UK | Overseas | BFPO | | |
| Please fill in the fields wh | ich are applicable | : | | | |
| Building number: | | Build | ing name: | | |
| (BFPO addresses only) | Name/Rank/N | umber: | | BFPO Code: | |
| Address Line 1: | | | | | |
| Address Line 2: | | | | | |
| Address Line 3: | | | | | |
| Town: | | | | | |
| County (or Region/Area | /State for overse | as addresses): | | | |
| Postcode (or equivalent, | where applicable | , for overseas addre | esses): | | |
| Country (if not UK or a E | BFPO address): | | | | |

| 10. Four Marital Status | | | |
|---|------------------|------------------------|--|
| a. What is your current marital status? | | | |
| Single | Married | In a Civil Partnership | |
| Go to Section 11 | Go to 10b | Go to 10b | |
| Divorced/Civil Partnership dissolved | Annulled | Separated | |
| Go to 10c | Go to 10c | Go to 10d | |
| Engaged | Widowed | Cohabiting | |
| Now please go to Section 11 | Go to 10e | Go to 10f | |

| OFFICIAL SENSITIV | E PER | RSONAL (| when con | npleted) | |
|---|----------|---------------|-------------|------------|--|
| 10b. Marriage / Civil Partnership Details | | | | | |
| Date of marriage or partnership ceremony: | | | | | |
| Where did it take place? | dd | mm | уууу | | |
| Town: | | | | | |
| County/region: | | | | | |
| Country: | | | | Now pleas | se go to Section 11 |
| | | | | | |
| 10c. Divorce, Dissolution or Annulment Deta | ails | | | | If this is 2 years ago or |
| Date of divorce/dissolution or annulment | | | | | If this is <u>3 years ago or</u> <u>less</u> , please go to |
| | | dd | mm | уууу | Section 11 . Otherwise, please go to Section 12 . |
| Court at which Decree Nisi and Decree Absolute / Con | nditiona | l Order and | Final Order | r granted: | |
| | | | | | |
| 10d. Separation Details | | | | | |
| Date of separation: | | | | | If this is <u>3 years ago or</u> <u>less</u> , please go to Section 11 . Otherwise, |
| | | dd | mm | уууу | please go to Section 12 . |
| 10e. Widowed Details | | | | | If this is <u>3 years ago or</u> |
| Please provide the date of your Spouse/Partner's deaf | th: | | | | less, please go to Section 11 . Otherwise, |
| | | dd | mm | уууу | please go to Section 12 . |
| | | | | | |
| 10f. Cohabitation Details | | | | | |
| Date on which you began cohabiting: | | | | | Now please go to Section 11 |
| | | dd | mm | уууу | |
| 11. Details of this Partner | | | | | |
| Please note: we require details of a spouse or civil partner, even if you are not living with them. | | | | | |
| If your spouse or partner is deceased, where the form their death. | asks fo | or current in | formation p | olease pro | vide details as at the time of |
| a Title (Mr/Mrs/Ms/Miss/Dr/Prof/Pov/My) | | | | | |

| If your spouse their death. | or partner is de | ceased, where th | e form asks for c | urrent information please provide details as at the time of | |
|-----------------------------|------------------|-------------------|-------------------|---|--|
| a. Title (Mr/Mrs/ | Ms/Miss/Dr/Prof/ | /Rev/Mx) | | | |
| b. Full Forenam | es: | c. Surname (now): | | | |
| d. Gender: | Male: | Female: | Other: | r | |
| ii you nave ans | wered Other, p | nease provide tri | en gender identit | · | |

| OFFICIAL SENSITIVE PERSONAL (when completed) | | | |
|---|--|--|--|
| e. Has their surname changed at any time since birth? Yes No | | | |
| f. If you have answered 'Yes', please provide their surname at birth: | | | |
| g. Reason for surname change: | | | |
| h. Apart from the surname(s) you have already declared, have they ever had any other surnames? | | | |
| Yes No | | | |
| If you have answered 'Yes', please add all other surnames they have had and the reason for change. | | | |
| Previous surname Reason for change of surname | | | |
| | | | |
| | | | |
| | | | |
| i. Have their forenames changed at any time since birth? Yes No | | | |
| If you have answered 'Yes', please provide their forename(s) at birth: | | | |
| Reason for forename change: | | | |
| j. Apart from the forename(s) you have already declared, have they ever had any other forenames? | | | |
| Yes No | | | |
| If you have answered 'yes', please add all other forenames they have had and the reason for change. | | | |
| Previous forename Reason for change of forename | | | |
| | | | |
| | | | |
| k. Date of Birth: I. Country of Birth: | | | |
| dd mm yyyy | | | |
| m. Town of Birth: n. County / Region of Birth: | | | |
| o. As a child, was this partner adopted? Yes No | | | |
| If you have answered 'Yes', please give the date of adoption (if | | | |
| the full date is not known, please give the year) | | | |
| p. Occupation: | | | |
| q. Do you have any other information about this person that you feel may be relevant? Yes (for example, if they hold/held security clearance or are/were in Government employment) | | | |
| If you have answered 'yes', please give the information below. | | | |
| | | | |

Your Partner's Nationality

In this section you are required to provide details of your partner's nationality and any former nationality.

If applicable you must provide full details of the date of naturalisation or when they took up residency in the UK. If British naturalised, please ensure that you provide details of all their nationalities including previous nationality.

OFFICIAL SENSITIVE PERSONAL (when completed) a. Is their present nationality: British (including English, Scottish, Welsh and Northern Irish) Irish Other If you have answered 'other', please enter their nationality: b. Have they held this nationality since birth? Yes No If you answered 'no', from what date have they held this nationality? Since mm уууу Is this: Nationality or citizenship (Nationality is the status of belonging to a particular nation, whether by birth or naturalisation. Citizenship is a particular type of nationality. If you have citizenship in a country, you have the right to live there, work, vote, and pay taxes.) c. Do they currently hold, or have they ever previously held, any other nationalities or citizenships? Yes If you answered 'yes', please enter any other nationalities/citizenships that they currently hold or have previously held. Nationality 1: Is/was **Current or** Date from: Date to: this: previous? **Nationality** Current Citizenship **Previous** mm уууу mm уууу Nationality 2: ls/was **Current or** Date from: Date to: this: previous?

Your Partner's Citizenship

Nationality

Citizenship

British Naturalisation a. Are they British naturalised? Yes No If you answered 'yes', please provide the number and date of certificate. (Please note this is not their birth certificate number) Number: Date: dd mm уууу **British Residency** b. If they are not a British Citizen, please enter the date of taking up permanent residence in the UK. (This is not necessarily the same as the date of the permission to stay in the UK) dd mm уууу

Current

Previous

mm

уууу

mm

уууу

Your Partner's Addresses

Please provide address details for this partner to cover the past 5 years. This should include:

- Periods of no fixed abode
- · Periods abroad

- Student accommodation
- Flat/property that they may have rented while working away from home
- Any other addresses at which they live or have lived while away from their permanent home address

You do not need to provide details of hotels etc. at which they may have spent a short period on holiday. Please provide their current permanent home address first and work backwards.

| Address 1: | | | | | |
|---|------------------------------------|----------------|------|------------|------|
| Type of address: | Current or previous? | Date from | : | Date to: | |
| UK | Current | | | | |
| Overseas | Previous | mm | уууу | mm | уууу |
| ВГРО | | | | | |
| No fixed abode Please fill in the fields which | ch are applicable: | | | | |
| Flat number: | House number: | House name: | | | |
| (BFPO addresses only) | Name/Rank/Number: | | | BFPO Code: | |
| Address Line 1: | | | | | |
| Address Line 2: | | | | | |
| Address Line 3: | | | | | |
| Town: | | | | | |
| County (or Region/Area/S | State for overseas addresses): | | | | |
| Postcode (or equivalent, v | where applicable, for overseas add | dresses): | | | |
| Country (if not UK or a BF | FPO address): | | | | |
| Address 2: | | | | | |
| Type of address: | Current or previous? | Date from | : | Date to: | |
| UK | Current | | | | |
| Overseas | Previous | mm | уууу | mm | уууу |
| BFPO | | | | | |
| No fixed abode | | | | | |
| Please fill in the fields which | ch are applicable: | | | | |
| Flat number: | House number: | House name: | | | |
| (BFPO addresses only) | Name/Rank/Number: | | | BFPO Code: | |

| | OT I TOTAL DENOTITY | /LI LITOOITAL (| WIICII COII | ipicted) | | | | |
|---------------------------------|----------------------------------|-----------------|-------------|------------|------|--|--|--|
| Address Line 1: | | | | | | | | |
| Address Line 2: | | | | | | | | |
| Address Line 3: | | | | | | | | |
| Town: | | | | | | | | |
| County (or Region/Area/S | State for overseas addresses | s): | | | | | | |
| Postcode (or equivalent, v | where applicable, for overseas a | addresses): | | | | | | |
| Country (if not UK or a BF | PO address): | | | | | | | |
| Address 3: | | | | | | | | |
| Type of address: | Current or previous? | Date from: | | Date to: | | | | |
| UK | Current | | | | | | | |
| Overseas | Previous | mm | уууу | mm | уууу | | | |
| BFPO | | | | | | | | |
| No fixed abode | | | | | | | | |
| Please fill in the fields which | :h are applicable: | | | | | | | |
| Flat number: | House number: | House name: | | | | | | |
| (BFPO addresses only) | Name/Rank/Number: | | | BFPO Code: | | | | |
| Address Line 1: | | | | | | | | |
| Address Line 2: | | | | | | | | |
| Address Line 3: | | | | | | | | |
| Town: | | | | | | | | |
| County (or Region/Area/S | State for overseas addresses | s): | | | | | | |
| Postcode (or equivalent, v | where applicable, for overseas a | addresses): | | | | | | |
| Country (if not UK or a BF | PO address): | | | | | | | |

12. Relationships within the last 3 years

Have you had any other marriages, civil partnerships or cohabiting relationships WITHIN THE LAST 3 YEARS? You need not enter details of anyone you have already included on this form. Yes No

If you have answered 'No', please go to Section 13.

If you have answered 'Yes', please provide details below. If this includes more than one partner during the last 3 years please tick here and enter additional details on the continuation sheets in the same format.

| If you do not know full details of this individual, and you are unable to obtain them, please tick here and give an explanation: | | | | | | | | | |
|---|----------------|-----------------|---|----------------------|--------------|-----------|----|------|--|
| a. Was the relationship a marriage or civil partnership? Yes No If you answered 'No', please go to 12b. If you answered 'Yes', please answer the following questions: | | | | | | | | | |
| Date of marriage or part | nership cere | mony: | | | | | | | |
| Where did it take place? | , | | dd | mm | уууу | | | | |
| Town: | | | | | | | | | |
| County/region: | | | | | | | | | |
| Country: | | | | | | | | | |
| Was the marriage / part | nership ende | d by: | | | | | | | |
| Spouse/Partner's death | ? Yes | No | If 'yes', plea | se give da | ate: | dd | mm | уууу | |
| Divorce/dissolution? | Yes | No | If 'yes', plea | se give da | ate: | | | | |
| | | | Court at wh and Decree Conditional Order grant | Absolute Order an | 1 | dd | mm | уууу | |
| Other? | Yes | No | If 'yes', plea | ase give a | n explanatio | n: | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Now please go to 'Details | of this Partne | r', on the next | page | | | | | | |
| b. Date on which you be | gan cohabiti | ng: | | | | | | | |
| Until what date were yo | u cohabiting? | , | dd | mm | уууу | | | | |
| | | | dd | mm | уууу | | | | |
| Was the relationship en | ded by: | | | | | | | | |
| Partner's death? Yes | No | If 'yes', | please give | date: | | dd | mm | уууу | |
| Other? Yes | No | If 'yes', | , please give | an explan | ation: | 44 | | JJJJ | |
| | | | | | | | | | |

Now please complete 'Details of this Partner', on the next page.

Details of this Partner

| If this spouse or their death. | partner is decea | ased, where the | form asks for curr | ent information p | please provide details as at the time of | | |
|--------------------------------|--------------------|-------------------|----------------------|-------------------|--|--|--|
| a. Title (Mr/Mrs/N | /ls/Miss/Dr/Prof/R | ev/Mx) | | | | | |
| b. Full Forename | es: | | c. Surname (now): | | | | |
| d. Gender: | Male: | Female: | Other: | | | | |
| If you have ansv | vered 'Other', ple | ease provide the | eir gender identity: | | | | |
| e. Has their surr | name changed at | any time since | birth? | Yes | No | | |
| f. If you have an | swered 'Yes', ple | ease provide the | eir surname at birth | : | | | |
| g. Reason for su | ırname change: | | | | | | |
| h. Apart from the | e surname(s) yo | u have already | declared, have the | ever had any ot | her surnames? | | |
| Yes | No | | | | | | |
| If you have ansv | vered 'Yes', plea | se add all other | surnames they ha | ve had and the re | eason for change. | | |
| Previous surnar | me | | | Reason for char | nge of surname | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| i. Have their fore | enames changed | l at any time sin | ce birth? Yes | No | | | |
| If you have ansv | vered 'Yes', plea | se provide their | forename(s) at bir | th: | | | |
| Reason for fore | name change: | | | | | | |
| j. Apart from the | forename(s) yo | u have already | declared, have the | ever had any ot | her forenames? | | |
| Yes | No | | | | | | |
| If you have ansv | vered 'yes', pleas | se add all other | forenames they ha | ve had and the re | eason for change. | | |
| Previous forena | me | | | Reason for char | nge of forename | | |
| | | | | | | | |
| | | | | | | | |
| k. Date of Birth: | | | I. Counti | y of Birth: | | | |
| | dd m | nm yyyy | | | | | |

| m. Town of Birth: | n. County / Region of Birth: |
|--|------------------------------|
| o. As a child, was this partner adopted? Yes | No |
| If you have answered 'Yes', please give the date of adop the full date is not known, please give the year) | tion (if |
| p. Occupation: | dd mm yyyy |
| q. Do you have any other information about this person (for example, if they hold/held security clearance or are/wer | |
| If you have answered 'yes', please give the information belo | w. |
| | |
| | |
| | |

Your Partner's Nationality

In this section you are required to provide details of this partner's nationality and any former nationality.

If applicable you must provide full details of the date of naturalisation or when they took up residency in the UK. If British naturalised, please ensure that you provide details of all their nationalities including previous nationality.

| naturalised, please ensure that you provide details of all their nationalities including previous nationality. | | | | | | | | | | |
|--|---|----------------------|------------------|--------------|----------------|-----------------|--|--|--|--|
| a. Is their present nationality | : | | | | | | | | | |
| British (including English, Scottish, Welsh and Northern Irish) Irish Other | | | | | | | | | | |
| If you have answered 'other', please enter their nationality: | | | | | | | | | | |
| b. Have they held this nation | ality since birth? | Yes | No | | | | | | | |
| If you answered 'no', from wi | If you answered 'no', from what date have they held this nationality? Since | | | | | | | | | |
| Is this: Nationality | or citizenship | | | mm | уууу | | | | | |
| (Nationality is the status of belonationality. If you have citizens | • • • | | | | | ticular type of | | | | |
| c. Do they currently hold, or | have they ever previo | ously held, any o | ther nationaliti | es or citize | enships? Yes | No | | | | |
| If you answered 'yes', please | enter any other nation | onalities/citizens | hips that they | currently h | old or have pr | reviously held. | | | | |
| Nationality 1: | ls/was this: | Current or previous? | Date fi | om: | Date to | : | | | | |
| | Nationality | Current | | | | | | | | |
| | Citizenship | Previous | mm | уууу | mm | уууу | | | | |
| Nationality 2: | Is/was this: | Current or previous? | Date fi | rom: | Date to | : | | | | |
| | | | mm | уууу | mm | уууу | | | | |

| Your Partner's Citizenship | | | | | | |
|---|------------------|--------------------------|---------------------------|----------------------|-------------------|---|
| British Naturalisation | | | | | | |
| a. Are they British naturalised? | Yes | No | | | | |
| If you answered 'yes', please provide | the number an | d date of certificate. (| Please note this is not t | heir birth ce | rtificate number |) |
| Number: | | | Date: | | | |
| British Residency | | | dd | mm | уууу | |
| b. If they are not a British Citizen, ple the same as the date of the permission | | | nent residence in the | • UK. (This i | s not necessarily | V |
| | | | dd | mm | уууу | |
| Your Partner's Addresses | | | | | | |
| Please provide address details for thi | is partner to co | ver the past 5 years. T | his should include: | | | |
| Periods of no fixed abode | | | | | | |
| Periods abroadStudent accommodation | | | | | | |
| Flat/property that they may h | ave rented whi | le working away from | home | | | |
| Any other addresses at which | h they live or h | ave lived while away f | rom their permanent l | nome addre | ess | |
| You do not need to provide details of | hotels etc. at v | vhich they may have s | pent a short period o | n holiday. F | Please provide | |
| their current permanent home addres | s first and wor | k backwards. | - | , | - | |

Address 1:

Type of address: Current or previous? Date from: Date to:

UK Current

Overseas Previous mm yyyy mm yyyy

BFPO

No fixed abode

Please fill in the fields which are applicable:

Flat number: House number: House

name:

(BFPO addresses only) Name/Rank/Number: BFPO Code:

Address Line 1:

Address Line 2:

Address Line 3:

Town:

| County (or Region/Area/State for overseas addresses): | | | | | | | |
|---|--------------------------------------|----------------|------|----------|------|--|--|
| Postcode (or equivalent, v | where applicable, for overseas addre | esses): | | | | | |
| Country (if not UK or a BF | PO address): | | | | | | |
| Address 2: | | | | | | | |
| Type of address: | Current or previous? | Date from: | | Date to: | | | |
| UK | Current | | | | | | |
| Overseas | Previous | mm | уууу | mm | уууу | | |
| ВГРО | | | | | | | |
| No fixed abode Please fill in the fields whic | ch are applicable: | | | | | | |
| Flat number: | House number: | House name: | | | | | |
| (BFPO addresses only) | Name/Rank/Number: | | BF | PO Code: | | | |
| Address Line 1: | | | | | | | |
| Address Line 2: | | | | | | | |
| Address Line 3: | | | | | | | |
| Town: | | | | | | | |
| County (or Region/Area/S | State for overseas addresses): | | | | | | |
| Postcode (or equivalent, v | where applicable, for overseas addre | ∍sses): | | | | | |
| Country (if not UK or a BF | :PO address): | | | | | | |
| Address 3: | | | | | | | |
| Type of address: | Current or previous? | Date from: | | Date to: | | | |
| UK | Current | | | | | | |
| Overseas | Previous | mm | уууу | mm | уууу | | |
| BFPO | | | | | | | |
| No fixed abode | | | | | | | |
| Please fill in the fields whic | ch are applicable: | | | | | | |
| Flat number: | House number: | House name: | | | | | |

| (BFPO addresses only) | Name/Rank | /Number: | | | | BFPO C | ode: | |
|--|---------------|-----------------|---|---------------------------|------------|----------|-------------|---------------------------------|
| Adduses line de | | | | | | | | |
| Address Line 1: | | | | | | | | |
| Address Line 2: | | | | | | | | |
| Address Line 3: | | | | | | | | |
| Address Line 3. | | | | | | | | |
| Town: | | | | | | | | |
| County (or Region/Area/S | State for ove | rseas address | ses): | | | | | |
| Postcode (or equivalent, v | vhere applica | ble, for overse | as addresses): | | | | | |
| Country (if not UK or a BF | PO address): | | | | | | | |
| 13. Marriages/ci | vil partn | erships r | more thar | า 3 year | s ago | | | |
| Have you had any other of anyone you have alread | - | - | - | ed MORE TI No | HAN 3 YEA | ARS AGO? | You need no | ot enter details |
| If you have answered 'No you had more than one s continuation sheets in th | pouse or par | rtner prior to | - | | _ | | _ | questions. If letails on the |
| Date of marriage or partr | nership ceren | nony: | | | | | | |
| Where did it take place? | | | dd | mm | уууу | | | |
| Town: | | | | | | | | |
| County/region: | | | | | | | | |
| Country: | | | | | | | | |
| • | arahin andara | l by | | | | | | |
| Was the marriage / partner | - | - | l f (voc) mlass | | | | | |
| Spouse/Partner's death? | | No | If 'yes', pleas | | | dd | mm | уууу |
| Divorce/dissolution? | Yes | No | If 'yes', pleas | e give date | | dd | mm | 1000/ |
| | | | Court at which and Decree A Conditional Corder grante | Absolute / Order and F | | dd | mm | уууу |
| Other? | Yes | No | If 'yes', pleas | e give an e | xplanatior | 1: | | |
| | | | | | | | | |

14. Your Parents

Please provide details of ALL your parents and your parents' current and/or former partners in the last 3 years. If your parents are separated and either of them is living with a new partner (or has done so within the last 3 years), details of their partner are required.

Details of any other step parents, foster parents, adoptive parents, legal guardians, etc. are also required. Details of natural father and natural mother must be provided, even if full details are not known.

If a parent is deceased, where the form asks for current information please provide details as at the time of their death.

| Details about your Natural Father | | | | | | | |
|--|--|--|--|--|--|--|--|
| If you do not know full details of your natural father, please tick here and give an explanation: | | | | | | | |
| | | | | | | | |
| a. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): | | | | | | | |
| b. Full Forenames: c. Surname (now): | | | | | | | |
| | | | | | | | |
| d. Gender: Male: Female: Other: | | | | | | | |
| If you have answered 'Other', please provide their gender identity: | | | | | | | |
| | | | | | | | |
| e. Date of Birth: f. Country of Birth: | | | | | | | |
| dd mm yyyy | | | | | | | |
| | | | | | | | |
| g. Town of Birth: h. County / Region of Birth: | | | | | | | |
| i. Has their surname changed at any time since birth? Yes No | | | | | | | |
| j. If you have answered 'Yes', please provide their surname at birth: | | | | | | | |
| k. Reason for surname change: | | | | | | | |
| I. Apart from the surname(s) you have already declared, have they ever had any other surnames? | | | | | | | |
| Yes No | | | | | | | |
| If you have answered 'Yes', please add all other surnames they have had and the reason for change. | | | | | | | |
| Previous surname Reason for change of surname | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| m. Have their forenames changed at any time since birth? Yes No | | | | | | | |
| If you have answered 'Yes', please provide their forename(s) at birth: | | | | | | | |

| Reason for forename chang | je: | (| p.e.e., | | | | |
|---|----------------------------|---|---------------------------|------------------------------|--|--|--|
| A most form the formance (a) you have almost declared have the country to decrease and a second control of the formance and | | | | | | | |
| n. Apart from the forename(s) you have already declared, have they ever had any other forenames? Yes No | | | | | | | |
| | nlagge add all other form | anamaa thay baya ba | d and the recent for all | | | | |
| If you have answered 'yes', | please add all other for | • | | - | | | |
| Previous forename | | Reas | on for change of foren | ame | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| o. Occupation: | p. Date o | of death (if applicable) | : | | | | |
| | | | dd m | m yyyy | | | |
| Your natural father's | nationality | | | | | | |
| In this section you are requ | • | of this parant's nation | ality and any former na | tionality. If applicable you | | | |
| must provide full details of please ensure that you prov | the date of naturalisation | on or when they took u | up residency in the UK | • • • • • | | | |
| a. Is their present nationalit | y: | | | | | | |
| British (including English, § | | rthern Irish) Irish | Other | | | | |
| If you have answered 'other | r', please enter their nat | ionality: | | | | | |
| b. Have they held this natio | nality since birth? | Yes No | | | | | |
| If you answered 'no', from v | what date have they held | d this nationality? Sir | псе | | | | |
| Is this: Nationality | or citizenship | | mm yyy | y | | | |
| (Nationality is the status of be nationality. If you have citizen | | = | | | | | |
| c. Do they currently hold, o | r have they ever previou | usly held, any other na | ationalities or citizensh | nips? Yes No | | | |
| If you answered 'yes', pleas | se enter any other natio | nalities/citizenships th | nat they currently hold | or have previously held. | | | |
| Nationality 1: | ls/was this: | Current or previous? | Date from: | Date to: | | | |
| | Nationality | Current | | | | | |
| | Citizenship | Previous | mm yyyy | mm yyyy | | | |
| Nationality 2: | ls/was this: | Current or previous? | Date from: | Date to: | | | |
| | Nationality | Current | | | | | |

mm

уууу

mm

уууу

No

Yes

Your father's citizenship

a. Is your father British naturalised?

British Naturalisation

| If you answered 'yes', ple | ease provide the number and date of | of certificate. (| Please note | this is not th | eir birth certii | ficate number) |
|---------------------------------|--|-------------------|-------------|----------------|------------------|----------------|
| Number: | | | Date: | | | |
| British Residency | | | | dd | mm | уууу |
| | British Citizen, please enter the date the date of the permission to stay in the | | permanent | residence ir | n the UK. (Th | is is not |
| | | | | dd | mm | уууу |
| Your father's addr | ess | | | | | |
| Please provide your fath | er's current permanent address bel | ow. | | | | |
| Type of address: | | Date from: | | | | |
| UK | | | | | | |
| Overseas | | mm | уууу | | | |
| BFPO | | | | | | |
| No fixed abode | | | | | | |
| Please fill in the fields which | ch are applicable: | | | | | |
| Flat number: | House number: | House name: | | | | |
| (BFPO addresses only) | Name/Rank/Number: | | | BFPO (| Code: | |
| Address Line 1: | | | | | | |
| Address Line 2: | | | | | | |
| Address Line 3: | | | | | | |
| Town: | | | | | | |
| County (or Region/Area/ | State for overseas addresses): | | | | | |
| Postcode (or equivalent, v | where applicable, for overseas addres | ses): | | | | |
| Country (if not UK or a BF | FPO address): | | | | | |

| Details about your Natural Mother | | | | | |
|---|--|--|--|--|--|
| If you do not know full details of your natural mother, please tick here and give an explanation: | | | | | |
| | | | | | |
| a. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx) | | | | | |
| b. Full Forenames c. Surname (now) | | | | | |
| d. Gender: Male: Female: Other: | | | | | |
| If you have answered 'Other', please provide their gender identity: | | | | | |
| | | | | | |
| e. Date of Birth: f. Country of Birth: | | | | | |
| dd mm yyyy | | | | | |
| g. Town of Birth: h. County / Region of Birth: | | | | | |
| i. Has their surname changed at any time since birth? Yes No | | | | | |
| j. If you have answered 'Yes', please provide their surname at birth: | | | | | |
| k. Reason for surname change: | | | | | |
| I. Apart from the surname(s) you have already declared, have they ever had any other surnames? | | | | | |
| Yes No | | | | | |
| If you have answered 'Yes', please add all other surnames they have had and the reason for change. | | | | | |
| Previous surname Reason for change of surname | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| m. Have their forenames changed at any time since birth? Yes No | | | | | |
| If you have answered 'Yes', please provide their forename(s) at birth: | | | | | |
| Reason for forename change: | | | | | |
| n. Apart from the forename(s) you have already declared, have they ever had any other forenames? | | | | | |
| Yes No | | | | | |
| If you have answered 'yes', please add all other forenames they have had and the reason for change. | | | | | |
| Previous forename Reason for change of forename | | | | | |
| | | | | | |
| | | | | | |

| o. Occupation: | p. Date of death (if applicable): | | | |
|----------------|-----------------------------------|----|----|------|
| | | dd | mm | уууу |

Your natural mother's nationality

In this section you are required to provide details of this parent's nationality and any former nationality. If applicable you must provide full details of the date of naturalisation or when they took up residency in the UK. If British naturalised, please ensure that you provide details of all their nationalities including previous nationality.

| please ensure that you provide details of all their hadionanties including previous nationality. | | | | | | | | |
|--|--------------------------|----------------------|--------------------|------------|--------------|----------------|--|--|
| a. Is their present nationality: | | | | | | | | |
| British (including English, S | cottish, Welsh and Nor | thern Irish) | Irish | Other | | | | |
| If you have answered 'other', please enter their nationality: | | | | | | | | |
| b. Have they held this nationality since birth? Yes No | | | | | | | | |
| If you answered 'no', from w | hat date have they held | this nationality | y? Since | | | | | |
| Is this: Nationality | or citizenship | | | mm y | уууу | | | |
| (Nationality is the status of belonging to a particular nation, whether by birth or naturalisation. Citizenship is a particular type of nationality. If you have citizenship in a country, you have the right to live there, work, vote, and pay taxes.) | | | | | | | | |
| c. Do they currently hold, or | have they ever previou | ısly held, any ot | ther nationalities | or citizen | ships? Yes | No | | |
| If you answered 'yes', please | e enter any other nation | nalities/citizens | hips that they cu | rrently ho | d or have pr | eviously held. | | |
| Nationality 1: | ls/was this: | Current or previous? | Date from | m: | Date to: | | | |
| | Nationality | Current | | | | | | |
| | Citizenship | Previous | mm | уууу | mm | уууу | | |
| Nationality 2: | ls/was this: | Current or previous? | Date from | m: | Date to: | | | |
| | Nationality | Current | | | | | | |
| | Citizenship | Previous | mm | уууу | mm | уууу | | |

| Your mother's citizenship | | | | | | | |
|--|----------------|--------------------------|-----------------|----------------|------------------|--|--|
| British Naturalisation | | | | | | | |
| a. Is your mother British naturalised? | Yes | No | | | | | |
| If you answered 'yes', please provide the numb | er and date of | certificate. (Please not | e this is not t | heir birth cen | tificate number) | | |
| Number: | | Date: | | | | | |
| British Residency | | | dd | mm | уууу | | |
| b. If your mother is not a British Citizen, please enter the date of taking up permanent residence in the UK. (This is not necessarily the same as the date of the permission to stay in the UK) | | | | | | | |
| | | | dd | mm | уууу | | |

Your mother's address

| Please provide your mother's current permanent address below. | | | | | |
|---|--------------------|----------------|------|------------|--|
| Type of address: | | Date from: | | | |
| uĸ | | | | | |
| Overseas | | mm | уууу | | |
| BFPO | | | | | |
| No fixed abode | | | | | |
| Please fill in the fields which | ch are applicable: | | | | |
| Flat number: | House number: | House name: | | | |
| (BFPO addresses only) | Name/Rank/Number: | | | BFPO Code: | |
| Address Line 1: | | | | | |
| Address Line 2: | | | | | |
| Address Line 3: | | | | | |
| Town: | | | | | |
| County (or Region/Area/State for overseas addresses): | | | | | |
| Postcode (or equivalent, where applicable, for overseas addresses): | | | | | |
| Country (if not UK or a BF | FPO address): | | | | |

Details of other Parents, Adoptive Parents, Foster Parents, Step-Parents or Legal Guardians

Do you have any other parents, adoptive parents, step-parents or legal guardians? Yes

If you have answered 'No', please go to Section 15. If you have answered 'Yes', please answer the following questions.

First Individual

a. Type of relationship:

Step Father Step Mother Foster Father Foster Mother

Adoptive Father Adoptive Mother Father's Partner Mother's Partner

Legal Guardian Legal Guardian's Father's Former Mother's Former

Partner Partner Partner

No

| If you do not know full details of this individual, please tick | here and give an explanation: |
|---|--|
| | |
| b. If you were adopted, please give the date of adoption. | |
| | dd mae |
| Title (NA) Nav (NA) (NA) (NA) | dd mm yyyy |
| c. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx) | |
| d. Full Forenames | e. Surname (now) |
| f. Gender: Male: Female: Other: | |
| If you have answered 'Other', please provide their gender id | entity: |
| in you have unoncide Canol , please provide their gender la | onary. |
| | |
| g. Date of Birth: h. | Country of Birth: |
| dd mm yyyy i. Town of Birth: j. County | / Region of Birth: |
| k. Has their surname changed at any time since birth? | Yes No |
| I. If you have answered 'Yes', please provide their surname a | at birth: |
| m. Reason for surname change: | |
| n. Apart from the surname(s) you have already declared, ha | ve they ever had any other surnames? |
| Yes No | |
| If you have answered 'Yes', please add all other surnames t | hey have had and the reason for change. |
| Previous surname | Reason for change of surname |
| 1 Torredo darmamo | Nodes in the change of carname |
| | |
| | |
| | |
| o. Have their forenames changed at any time since birth? | Yes No |
| If you have answered 'Yes', please provide their forename(s | s) at birth: |
| Reason for forename change: | |
| p. Apart from the forename(s) you have already declared, h | ave they ever had any other forenames? |
| Yes No | |
| If you have answered 'yes', please add all other forenames t | they have had and the reason for change. |
| Previous forename | Reason for change of forename |
| | |

| q. Occupation: | r. Date o | of death (if applicable | e): | | | | |
|--|--------------------------|-------------------------|---------------|-------------|----------------|-----------------------|--|
| | | | d | d | mm | уууу | |
| Their nationality | | | | | | | |
| In this section you are required to provide details of this parent's nationality and any former nationality. If applicable you must provide full details of the date of naturalisation or when they took up residency in the UK. If British naturalised, please ensure that you provide details of all their nationalities including previous nationality. | | | | | | | |
| a. Is their present nationality | y: | | | | | | |
| British (including English, S | cottish, Welsh and No | orthern Irish) Iris | sh | Other | | | |
| If you have answered 'other' | ', please enter their na | tionality: | | | | | |
| b. Have they held this nation | nality since birth? | Yes No | | | | | |
| If you answered 'no', from w | hat date have they he | ld this nationality? S | Since | | | | |
| Is this: Nationality | or citizenship | | | mm | уууу | | |
| (Nationality is the status of bel nationality. If you have citizens | | • | | | | particular type of | |
| c. Do they currently hold, or | have they ever previo | ously held, any other | nationalities | or citiz | enships? Yo | es No | |
| If you answered 'yes', please | e enter any other natio | onalities/citizenships | that they cu | rrently h | nold or have | previously held: | |
| Nationality 1: | Is/was this: | Current or previous? | Date fro | m: | Date | to: | |
| | Nationality | Current | | | | | |
| | Citizenship | Previous | mm | уууу | mm | уууу | |
| Nationality 2: | ls/was this: | Current or previous? | Date fro | m: | Date | to: | |
| | Nationality | Current | | | | | |
| | Citizenship | Previous | mm | уууу | mm | уууу | |
| Their citizenship | Their citizenship | | | | | | |
| British Naturalisation | | | | | | | |
| a. Is this parent British natur | ralised? | Yes No | | | | | |
| If you answered 'yes', please | e provide the number | and date of certificat | e. (Please no | ote this is | not their birt | h certificate number) | |
| Number: | | | Date: | | | | |
| British Residency | | | | dd | mm | уууу | |

dd

mm

уууу

b. If this parent is not a British Citizen, please enter the date of taking up permanent residence in the UK. (This is not

necessarily the same as the date of the permission to stay in the UK)

| | 311131112 3211311112 1 2 | tteeth te (when completed) | | | | | |
|---|---------------------------------------|----------------------------|----------------------------|--|--|--|--|
| Their address | | | | | | | |
| Please provide this parent's current permanent address below. | | | | | | | |
| Type of address: | | Date from: | | | | | |
| UK | | mm y | ууу | | | | |
| Overseas | | | | | | | |
| BFPO | | | | | | | |
| No fixed abode | | | | | | | |
| Please fill in the fields which | ch are applicable: | | | | | | |
| Flat number: | House number: | House name: | | | | | |
| (BFPO addresses only) | Name/Rank/Number: | BFP | O Code: | | | | |
| Address Line 1: | | | | | | | |
| Address Line 2: | | | | | | | |
| Address Line 3: | | | | | | | |
| Town: | | | | | | | |
| County (or Region/Area/ | State for overseas addresses): | | | | | | |
| Postcode (or equivalent, v | where applicable, for overseas addres | ses): | | | | | |
| Country (if not UK or a BF | PO address): | | | | | | |
| | | | | | | | |
| Second Individual | | | | | | | |
| a. Type of relationship: | | | | | | | |
| Step Father | Step Mother | Foster Father | Foster Mother | | | | |
| Adoptive Father | Adoptive Mother | Father's Partner | Mother's Partner | | | | |
| Legal Guardian | Legal Guardian's Partner | Father's Former Partner | Mother's Former Partner | | | | |

If you do not know full details of this individual, please tick here and give an explanation:

b. If you were adopted, please give the date of adoption.

dd mm yyyy

c. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx)

d. Full Forenames e. Surname (now)

| f. Gender: Male: | Female: Othe | r: | | , | |
|------------------------------------|---------------------------|-------------------------|----------------|------------|-------|
| If you have answered 'Other', ple | ease provide their gend | er identity: | | | |
| | | | | | |
| g. Date of Birth: | | h. Country of Birth: | | | |
| _ | | n. Country of Birtin. | | | |
| dd m | nm yyyy | | | | |
| i. Town of Birth: | j. Co | unty / Region of Birth: | | | |
| k. Has their surname changed at | any time since birth? | Yes | No | | |
| I. If you have answered 'Yes', ple | ease provide their surna | ame at birth: | | | |
| m. Reason for surname change: | | | | | |
| | | | | | |
| n. Apart from the surname(s) you | u have already declared | d, have they ever had a | any other sur | names? | |
| Yes No | | | | | |
| If you have answered 'Yes', plea | se add all other surnan | nes they have had and | the reason fo | or change. | |
| Previous surname | | Reason fo | or change of s | surname | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| o. Have their forenames changed | d at any time since birtl | n? Yes N | 0 | | |
| If you have answered 'Yes', pleas | - | | | | |
| Reason for forename change: | • | . , | | | |
| p. Apart from the forename(s) yo | ou have already declare | d. have they ever had | anv other for | enames? | |
| Yes No | | , | , , | | |
| If you have answered 'yes', pleas | se add all other forenar | nes they have had and | I the reason f | or change. | |
| Previous forename | | | or change of t | | |
| 1 Tevious forename | | Rouson | n change of i | orchanic | |
| | | | | | |
| | | | | | |
| | | | | | |
| a Occupation: | v Doto of do- | ith (if applicable): | | | |
| q. Occupation: | r. Date of dea | th (if applicable): | dd | mm | 1000/ |
| | | | dd | mm | уууу |

Their nationality

| In this section you are required to provide details of this parent's nationality and any former nationality. If applicable you must provide full details of the date of naturalisation or when they took up residency in the UK. If British naturalised, please ensure that you provide details of all their nationalities including previous nationality. | | | | | | | | | |
|--|-------------------------|----------------------|--------------------|--------------|--------------|-----------------|--|--|--|
| a. Is their present nationality: | | | | | | | | | |
| British (including English, Scottish, Welsh and Northern Irish) Irish Other | | | | | | | | | |
| If you have answered 'other', please enter their nationality: | | | | | | | | | |
| b. Have they held this nationality since birth? Yes No | | | | | | | | | |
| If you answered 'no', from w | hat date have they he | eld this nationali | ty? Since | | | | | | |
| Is this: Nationality | or citizenship | | | mm yy | /уу | | | | |
| (Nationality is the status of beau nationality. If you have citizens | | | | | | ticular type of | | | |
| c. Do they currently hold, or | have they ever previous | ously held, any c | ther nationalities | or citizens | hips? Yes | No | | | |
| If you answered 'yes', please | e enter any other natio | onalities/citizens | ships that they cu | rrently hold | d or have pr | eviously held: | | | |
| Nationality 1: | Is/was this: | Current or previous? | Date from | n: | Date to: | | | | |
| | Nationality | Current | | | | | | | |
| | Citizenship | Previous | mm | уууу | mm | уууу | | | |
| Nationality 2: | ls/was this: | Current or previous? | Date from | n: | Date to: | | | | |
| | Nationality | Current | | | | | | | |
| | Citizenship | Previous | mm | уууу | mm | уууу | | | |
| Their citizenship | | | | | | | | | |

| | Citizenship | Previous | | mm | уууу | mm | уууу | |
|--|-------------|----------|----|-------|------|----|------|--|
| Their citizenship | | | | | | | | |
| British Naturalisatio | n | | | | | | | |
| a. Is this parent British nat | uralised? | Yes | No | | | | | |
| If you answered 'yes', please provide the number and date of certificate. (Please note this is not their birth certificate number) | | | | | | | | |
| Number: | | | | Date: | | | | |
| British Residency | | | | | dd | mm | уууу | |
| b. If this parent is not a British Citizen, please enter the date of taking up permanent residence in the UK. (This is not necessarily the same as the date of the permission to stay in the UK) | | | | | | | | |
| | | | | | dd | mm | уууу | |

Their Address

| Please provide this pare | nt's current permanent address bel | ow. | | | | |
|--|---------------------------------------|------------------------|--------------|-------------------------------------|--|--|
| Type of address: | | Date from: | | | | |
| UK | | | mm | уууу | | |
| Overseas | | | | | | |
| BFPO | | | | | | |
| No fixed abode Please fill in the fields which | ch are applicable: | | | | | |
| Flat number: | House number: | House name: | | | | |
| (BFPO addresses only) | Name/Rank/Number: | | | BFPO Code: | | |
| Address Line 1: | | | | | | |
| Address Line 2: | | | | | | |
| Address Line 3: | | | | | | |
| Town: | | | | | | |
| County (or Region/Area/ | State for overseas addresses): | | | | | |
| Postcode (or equivalent, | where applicable, for overseas addres | sses): | | | | |
| Country (if not UK or a BFPO address): | | | | | | |
| 15. Current Employment/Current Service | | | | | | |
| What is your current em select both options. | ployment status? Select all that appl | ly. For example, if yo | ou have a ci | vilian job but are also a reservis, | | |
| Employed in HM Government Service, the Civil Nuclear Industry, Police Forces and the devolved administrations Please complete Section 15/1 | | | | | | |

Serving in HM Forces – Regular

Serving in HM Forces – Reserves

Please complete Section 15/2

In other full or part-time employment (excepting self-employment)

Please complete Section 15/3

Self-employed

Please complete Section 15/4

Unemployed

Please complete Section 15/5

Organisation: Date of joining:

mm yyyy

Your grade:

Please provide details (including current contact information where known) of all the immediate supervisors, both <u>current</u> and <u>previous</u>, that you have had with this employer since you joined them or within the last 5 years, whichever is shorter. Give your present supervisor first and work backwards. If you have had more than 4 supervisors, please use the continuation pages

| Current Supervisor | | · · · · · · |
|--|----------------------------|--------------------------------------|
| Forename(s) | Surname: | Date from: mm yyyy |
| Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): | | ,,,,, |
| Rank/grade (if any): | Job title: | |
| Current contact email address (if known) | : | Telephone: |
| Section, Unit, Branch or Establishment (i | f applicable): | |
| Address Line 1: | | |
| Address Line 2: | | |
| Address Line 3: | | |
| Town: | County (or Region/ | Area/State) |
| Postcode (or equivalent, where applicable, | for overseas addresses): | |
| Country: | | |
| Previous Supervisor | | |
| Forename(s) | Surname: | Tick here if details not fully known |
| Date from: | Date to: | |
| mm yyyy | n | пт уууу |
| Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): | | |
| Rank/grade (if any): | Job title: | |
| Current contact email address (if known) | : | Telephone: |
| Section, Unit, Branch or Establishment (i | f applicable): | |
| Address Line 1: | | |
| Address Line 2: | | |
| Address Line 3: | | |
| Town: | County (or Region | n/Area/State) |
| Postcode (or equivalent, where applicable | , for overseas addresses): | |
| Country: | | |
| Previous Supervisor | | |
| • | | |
| Forename(s) | Surname: | Tick here if details not fully known |

mm

уууу

mm

уууу

| Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): | | | |
|--|--------------------------|-------------|--------------------------------------|
| Rank/grade (if any): | Job title: | | |
| Current contact email address (if known): | : | | Telephone: |
| Section, Unit, Branch or Establishment (if | f applicable): | | |
| Address Line 1: | | | |
| Address Line 2: | | | |
| Address Line 3: | | | |
| Town: | County (o | r Region/Aı | rea/State) |
| Postcode (or equivalent, where applicable, | for overseas addresses): | | |
| Country: | | | |
| Previous Supervisor | | | |
| Forename(s) | Surname: | | Tick here if details not fully known |
| Date from: | Date to | o: | |
| mm yyyy | | mm | уууу |
| Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): | | | |
| Rank/grade (if any): | Job title: | | |
| Current contact email address (if known): | : | | Telephone: |
| Section, Unit, Branch or Establishment (if | f applicable): | | |
| Address Line 1: | | | |
| Address Line 2: | | | |
| Address Line 3: | | | |
| Town: | County (o | r Region/Aı | rea/State) |
| Postcode (or equivalent, where applicable, | for overseas addresses): | | |
| Country: | | | |
| | | | |
| 15/2: Serving in HM Forces (Re | gular or Reserve) | | |
| When did your current military service be | | | |
| Your rank: | - | mm | уууу |

Service number:

Service:

Please provide details (including current contact information where known) of all the immediate supervisors, both current and previous, that you have had in each posting with HM Forces (Regular or Reserve) since you began serving with them or within the last 5 years, whichever is shorter. This should be the person who directly supervises you and sees you most frequently. It must be someone of Petty Officer/SNCO rank (or equivalent grade) or above. Give your present supervisor first and work backwards. If you have had more than 4 supervisors, please use the continuation pages.

| Current Supervisor | | | | |
|---|---|-------------------|--------------|-----------|
| Forename(s) | Surname: | Date from: | | |
| Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): | | | mm | уууу |
| Rank/grade (if any): | Job title: | | | |
| Current contact email address (if known |): | Telephone: | | |
| Section, Unit, Branch or Establishment (| if applicable): | | | |
| Address Line 1: | | | | |
| Address Line 2: | | | | |
| Address Line 3: | | | | |
| Town: | County (or Region/ | Area/State) | | |
| Postcode (or equivalent, where applicable, | Postcode (or equivalent, where applicable, for overseas addresses): | | | |
| Country: | | | | |
| | | | | |
| Previous Supervisor | | | | |
| Forename(s) | Surname: | Tick here if deta | ails not ful | lly known |
| Date from: | Date to: | | | |
| mm уууу | m | m yyyy | | |
| Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): | | | | |
| Rank/grade (if any): | Job title: | | | |
| Current contact email address (if known |): | Telephone: | | |
| Section, Unit, Branch or Establishment (| if applicable): | | | |
| Address Line 1: | | | | |
| Address Line 2: | | | | |
| Address Line 3: | | | | |
| Town: | County (or Region/ | Area/State) | | |
| Postcode (or equivalent, where applicable, for overseas addresses): | | | | |
| Country: | | | | |

| Previous Supervisor | | |
|--|---|--|
| Forename(s) | Surname: | Tick here if details not fully known |
| Date from: | Da | te to: |
| mm yyyy | A. | mm yyyy |
| Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx | (): | |
| Rank/grade (if any): | Job title: | |
| Current contact email address (if kn | nown): | Telephone: |
| Section, Unit, Branch or Establishm | nent (if applicable): | |
| Address Line 1: | | |
| Address Line 2: | | |
| Address Line 3: | | |
| Town: | Count | (or Region/Area/State) |
| Postcode (or equivalent, where applic | cable, for overseas address | es): |
| | | |
| | | |
| Previous Supervisor | | |
| Previous Supervisor Forename(s) | Surname: | Tick here if details not fully known |
| · · | Surname: | Tick here if details not fully known |
| · · | | Tick here if details not fully known ate to: |
| Forename(s) Date from: mm yyyy | D | |
| Forename(s) Date from: | D | ate to: |
| Forename(s) Date from: mm yyyy | D | ate to: |
| Forename(s) Date from: mm yyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx | c): Job title: | ate to: |
| Forename(s) Date from: mm yyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx Rank/grade (if any): | c): Job title: nown): | ate to: mm yyyy |
| Forename(s) Date from: mm yyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx Rank/grade (if any): Current contact email address (if kn | c): Job title: nown): | ate to: mm yyyy |
| Porename(s) Date from: mm yyyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx Rank/grade (if any): Current contact email address (if kn Section, Unit, Branch or Establishm | c): Job title: nown): | ate to: mm yyyy |
| Porename(s) Date from: mm yyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx Rank/grade (if any): Current contact email address (if kn Section, Unit, Branch or Establishm Address Line 1: | c): Job title: nown): | ate to: mm yyyy |
| Forename(s) Date from: mm yyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx Rank/grade (if any): Current contact email address (if kn Section, Unit, Branch or Establishm Address Line 1: Address Line 2: | Job title: nown): nent (if applicable): | ate to: mm yyyy |
| Date from: mm yyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx Rank/grade (if any): Current contact email address (if kn Section, Unit, Branch or Establishm Address Line 1: Address Line 2: Address Line 3: | Job title: nown): nent (if applicable): | ate to: mm yyyy Telephone: |
| Date from: mm yyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx Rank/grade (if any): Current contact email address (if kn Section, Unit, Branch or Establishm Address Line 1: Address Line 2: Address Line 3: Town: | Job title: nown): nent (if applicable): | ate to: mm yyyy Telephone: |

| 15/3 Other Employment (excep | oting Self-Employme | ent) | | |
|--|---|----------------------|--------------|---------------------|
| Name of employer: | | Date of joining: | | |
| Your employer's address: | | r | mm | уууу |
| Address Line 1: | | | | |
| Address Line 2: | | | | |
| Address Line 3: | | | | |
| Town: | County (or I | Region/Area/State) | | |
| Postcode (or equivalent, where applicable, | for overseas addresses): | | | |
| Country: | | | | |
| Please provide details (including current and <u>previous</u> , that you have had with thi supervises you and sees you most frequ more than 4 supervisors, please use the | s employer within the last lently. Give your present s | 12 months. This shou | ıld be the ı | person who directly |
| Current Supervisor | | | | |
| Forename(s) | Surname: | Date from: | mm | уууу |
| Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): | | | | ,,,, |
| Rank/grade (if any): | Job title: | | | |
| Current contact email address (if known |): | Telephone: | | |
| Section, Unit, Branch or Establishment (| if applicable): | | | |
| Address Line 1: | | | | |
| Address Line 2: | | | | |
| Address Line 3: | | | | |
| Town: | County (or I | Region/Area/State) | | |
| Postcode (or equivalent, where applicable, | for overseas addresses): | | | |
| Country: | | | | |

| Previous Supervisor | | |
|--|---|--------------------------------------|
| Forename(s) | Surname: | Tick here if details not fully known |
| Date from: | Date to: | |
| тт уууу | | mm yyyy |
| Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): | | |
| Rank/grade (if any): | Job title: | |
| Current contact email address (if known |): | Telephone: |
| Section, Unit, Branch or Establishment (| if applicable): | |
| Address Line 1: | | |
| Address Line 2: | | |
| Address Line 3: | | |
| Town: | County (or Regi | on/Area/State) |
| Postcode (or equivalent, where applicable, | for overseas addresses): | |
| Country: | | |
| | | |
| | | |
| Previous Supervisor | | |
| Previous Supervisor Forename(s) | Surname: | Tick here if details not fully known |
| Forename(s) | | Tick here if details not fully known |
| Forename(s) Date from: | Surname: Date to: | |
| Forename(s) | | Tick here if details not fully known |
| Forename(s) Date from: mm yyyy | | |
| Forename(s) Date from: mm yyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): | Date to: Job title: | |
| Forename(s) Date from: mm yyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): Rank/grade (if any): | Date to: Job title: | mm yyyy |
| Forename(s) Date from: mm yyyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): Rank/grade (if any): Current contact email address (if known | Date to: Job title: | mm yyyy |
| Forename(s) Date from: mm yyyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): Rank/grade (if any): Current contact email address (if known Section, Unit, Branch or Establishment (| Date to: Job title: | mm yyyy |
| Date from: mm yyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): Rank/grade (if any): Current contact email address (if known): Section, Unit, Branch or Establishment (Address Line 1: | Date to: Job title: | mm yyyy |
| Forename(s) Date from: mm yyyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): Rank/grade (if any): Current contact email address (if known Section, Unit, Branch or Establishment (Address Line 1: Address Line 2: | Date to: Job title: | mm yyyy Telephone: |
| Date from: mm yyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): Rank/grade (if any): Current contact email address (if known section, Unit, Branch or Establishment (Address Line 1: Address Line 2: Address Line 3: | Date to: Job title:): if applicable): County (or Regio | mm yyyy Telephone: |

| Previous Supervisor | | | |
|---|------------------------------|---|---|
| Forename(s) | Surname: | Tick here if details not fully known | |
| | | | |
| Date from: | Date to: | | |
| mm yyyy | | mm yyyy | |
| Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): | | | |
| , | | | |
| Rank/grade (if any): | Job title: | | |
| Current contact email address (if known) | <u>:</u> | Telephone: | |
| | | • | |
| Section, Unit, Branch or Establishment (i | гаррисаріе): | | |
| Address Line 1: | | | |
| Address Line 2: | | | |
| Address Line 2: | | | |
| Address Line 3: | | | |
| | | | |
| Town: | County (or Regio | n/Area/State) | |
| Baataa da kan assiinalant sukana anniisahta | f | | |
| Postcode (or equivalent, where applicable, | tor overseas addresses): | | |
| Country: | | | |
| • | | | |
| | | | |
| 15/4 Self-Employment | | Dete an which was established! | |
| Name of company: | | Date on which you established/ joined the company: mm yyyy | , |
| Your company's address: | | , ,, ,, ,, ,, ,, ,, ,,,,,, | ' |
| Address Line 1: | | | |
| | | | |
| Address Line 2: | | | |
| Address Line 3: | | | |
| Address Line 3: | | | |
| Town: | County (or Region | on/Area/State) | |
| | | , | |
| Postcode (or equivalent, where applicable, | for overseas addresses): | | |
| 3 | | | |
| Country: | | | |
| Is your business a registered charity, of v | vhich you are a trustee? Yes | No | |
| , | • | | |
| If 'yes', please give the registered charity | number: | | |
| | | you well through your work. This could be a | |
| senior business partner in your company carry out work (for example, a Governme | | a customer by whom you have been contracted to | י |
| Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): | , | | |
| | | | |
| Forename(s) | Surname: | | |

| OFFICIAL SENSITIVE PERS | ONAL (when completed) |
|---|-----------------------|
| Please explain briefly how you know this individual: | |
| | |
| Their world (if one). | |
| Their rank/grade (if any): Their job title | |
| How long have you worked with/for this individual? ye | ars months |
| Please provide current contact details for this individual. | |
| Contact email address (if known): | Telephone: |
| Address Line 1: | |
| Address Line 2: | |
| Address Line 3: | |
| Town: County (c | or Region/Area/State) |
| Postcode (or equivalent, where applicable, for overseas addresses) | : |
| Country: | |
| | |
| 15/5 Unemployment | |
| Date from which this period of unemployment started | |
| mm | уууу |
| Are you claiming unemployment benefit? Yes | No |
| If 'Yes', please provide the address of the relevant Benefit Office | |
| Building Number: | |
| Building Name: | |
| Street: | |
| District/Area: | |
| Town: | |
| County/Region: | Postcode: |
| Country: | |

16. Details of Previous Employment

Within the last 10 years, have you had any previous full or part-time employment, including previous periods of military service, or any periods of unemployment lasting for 3 months or more? Yes

If you have answered 'No', please go to Section 17. If you have answered 'Yes', please answer the following questions.

Section 16/1

Section 16/2

Please give details of all previous employment / Service / unemployment in excess of 3 months during this period, starting with the most recent first. Please use the continuation sheets if necessary.

Previous HM Government employment:

Previous military service:

Country:

| Other previous employment (ex | xcepting self-employment) | Section | 16/3 |
|---|------------------------------|-----------------------|--|
| Previous self-employment | | Section | 16/4 |
| Previous unemployment | | Section | 16/5 |
| 16/1: Previous HMG Employm | nent | | |
| Date from: | Date to: | | |
| mm уууу | n | nm | уууу |
| Organisation: | Grade (| on leavin | g: |
| | nisation. This should be the | e person [°] |) of each supervisor that you had within the who directly supervised you and saw you most re not required. |
| Supervisor 1 | | | |
| Forename(s) | Surname: | | Tick here if details not fully known |
| Date from: | Date to: | | |
| mm yyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): | | mm | уууу |
| Rank/grade (if any): | Job title: | | |
| Current contact email address (if know | n): | | Telephone: |
| Section, Unit, Branch or Establishment | (if applicable): | | |
| Address Line 1: | | | |
| Address Line 2: | | | |
| Address Line 3: | | | |
| Town: | County (or I | Region/A | rea/State) |
| Postcode (or equivalent, where applicable | e for overseas addresses): | | |

| OFFICIAL | SENSITIVE PERSONAL | (when completed) |
|---|--------------------------|--------------------------------------|
| Supervisor 2 | | |
| Forename(s) | Surname: | Tick here if details not fully known |
| | | |
| Date from: | Date to: | |
| mm yyyy | | mm yyyy |
| Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): | | |
| Rank/grade (if any): | Job title: | |
| Current contact email address (if known) | : | Telephone: |
| Section, Unit, Branch or Establishment (i | f applicable): | |
| Address Line 1: | | |
| | | |
| Address Line 2: | | |
| Address Line 3: | | |
| Town: | County (or Region | on/Area/State) |
| Postcode (or equivalent, where applicable, | for overseas addresses): | |
| Country: | | |
| ocuma y. | | |
| | | |
| Supervisor 3 | | |
| Forename(s) | Surname: | Tick here if details not fully known |
| Date from: | Date to: | |
| mm yyyy | | |
| Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): | | mm yyyy |
| Title (WITWISTWISTWISS/DITT TOTALEVIWIX). | | mm yyyy |
| Rank/grade (if any): | Job title: | mm yyyy |
| , | | mm yyyy Telephone: |
| Rank/grade (if any): | : | |
| Rank/grade (if any): Current contact email address (if known) | : | |
| Rank/grade (if any): Current contact email address (if known) Section, Unit, Branch or Establishment (i | : | |
| Rank/grade (if any): Current contact email address (if known) Section, Unit, Branch or Establishment (if Address Line 1: | : | |
| Rank/grade (if any): Current contact email address (if known) Section, Unit, Branch or Establishment (if Address Line 1: Address Line 2: | : | Telephone: |

Country:

Date to:

16/2: Previous Service in HM Forces (Regular or Reserve)

Date from:

| mm | уууу | | mm | уууу |
|------------------------------------|------------------------------------|-------------------------|-------------|---|
| Was this Reserve Service? | Yes | No | | |
| Your rank on discharge: | | | | |
| Service: | | Service number: | | |
| last 5 years of this period | of service. This ty Officer/SNC | s should be the person | who directl |) of each supervisor that you had <u>within the</u> y supervised you and saw you most frequently. ove. Details of anyone who supervised you |
| Supervisor 1 | | | | |
| Forename(s) | | Surname: | | Tick here if details not fully known |
| Date from: | | Date 1 | to: | |
| mm | уууу | | mm | уууу |
| Title (Mr/Mrs/Ms/Miss/Dr/Pro | of/Rev/Mx): | | | |
| Rank/grade (if any): | | Job title: | | |
| Current contact email add | ress (if known) | : | | Telephone: |
| Section, Unit, Branch or E | stablishment (i | f applicable): | | |
| Address Line 1: | | | | |
| | | | | |
| Address Line 2: | | | | |
| Address Line 3: | | | | |
| Town: | | County (or Region/Are | ea/State) | |
| Postcode (or equivalent, wh | nere applicable, | for overseas addresses) | <i>:</i> | |
| Country: | | | | |
| Gountry. | | | | |
| Supervisor 2 | | | | |
| Forename(s) | | Surname: | | Tick here if details not fully known |
| | | | | |
| Date from: | | Date | to: | |
| mm Title (Mr/Mrs/Ms/Miss/Dr/Pro | yyyy of/Rev/Mx): | | mm | уууу |
| Rank/grade (if any): | | Job title: | | |
| Current contact email add | ress (if known) | : | | Telephone: |
| Section, Unit, Branch or E | stablishment (i | f applicable): | | |

| OFFICIAL | <u>. SENSITIVE PERSON</u> | NAL (when completed) | |
|--|----------------------------|--------------------------------------|--|
| Address Line 1: | | <u> </u> | |
| Address Line 2: | | | |
| Address Line 3: | | | |
| Town: | County (or Re | Region/Area/State) | |
| Postcode (or equivalent, where applicable, | for overseas addresses): | | |
| Country: | | | |
| Supervisor 3 | | | |
| Forename(s) | Surname: | Tick here if details not fully known | |
| Date from: | Date to: | | |
| mm yyyy | | mm уууу | |
| Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): | | | |
| Rank/grade (if any): | Job title: | | |
| Current contact email address (if known) | : | Telephone: | |
| Section, Unit, Branch or Establishment (i | f applicable): | | |
| Address Line 1: | | | |
| Address Line 2: | | | |
| Address Line 3: | | | |
| Town: | County (or Regi | gion/Area/State) | |
| Postcode (or equivalent, where applicable, | for overseas addresses): | | |
| Country: | | | |
| 16/3 Other previous employme | nt (excepting self-er | mployment) | |
| Date from: | Date to: | | |
| mm yyyy | mr | пт уууу | |
| Name of employer: | | | |
| Your employer's address: | | | |
| Address Line 1: | | | |
| Address Line 2: | | | |
| Address Line 3: | | | |
| Town: | County (or R | Region/Area/State) | |
| Postcode (or equivalent, where applicable, | , for overseas addresses): | | |
| Country | • | | |

Please provide details (including current contact information where known) of each supervisor you had during employment in this organisation. This should be the person who directly supervised you and saw you most frequently. Details of anyone who supervised you more than 5 years ago are not required.

| Supervisor 1 | | |
|--|---|--------------------------------------|
| Forename(s) | Surname: | Tick here if details not fully known |
| Date from: | Date to: | |
| mm yyyy | mn | ууууу |
| Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): | | |
| Rank/grade (if any): | Job title: | |
| Current contact email address (if known) | : | Telephone: |
| Section, Unit, Branch or Establishment (i | f applicable): | |
| Address Line 1: | | |
| Address Line 2: | | |
| Address Line 3: | | |
| Town: | County (or Region/A | rea/State) |
| Postcode (or equivalent, where applicable, | for overseas addresses): | |
| Country: | | |
| | | |
| Supervisor 2 | | |
| Supervisor 2 Forename(s) | Surname: | Tick here if details not fully known |
| | Surname: Date to: | Tick here if details not fully known |
| Forename(s) | | |
| Forename(s) Date from: | Date to: | |
| Forename(s) Date from: mm yyyy | Date to: | |
| Forename(s) Date from: mm yyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): | Date to: mn | |
| Porename(s) Date from: mm yyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): Rank/grade (if any): | Date to: mn Job title: : | ууууу |
| Forename(s) Date from: mm yyyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): Rank/grade (if any): Current contact email address (if known) | Date to: mn Job title: : | ууууу |
| Forename(s) Date from: mm yyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): Rank/grade (if any): Current contact email address (if known) Section, Unit, Branch or Establishment (in | Date to: mn Job title: : | ууууу |
| Date from: mm yyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): Rank/grade (if any): Current contact email address (if known) Section, Unit, Branch or Establishment (if Address Line 1: | Date to: mn Job title: : | ууууу |
| Porename(s) Date from: mm yyyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): Rank/grade (if any): Current contact email address (if known) Section, Unit, Branch or Establishment (if Address Line 1: Address Line 2: | Date to: mn Job title: : | Telephone: |
| Forename(s) Date from: mm yyyy Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): Rank/grade (if any): Current contact email address (if known) Section, Unit, Branch or Establishment (i Address Line 1: Address Line 2: Address Line 3: | Date to: mm Job title: : f applicable): County (or Region/A | Telephone: |

| OFFICIAL | SENSITIVE PERSONAL | (when completed) |
|--|--------------------------|--------------------------------------|
| Supervisor 3 | | |
| Forename(s) | Surname: | Tick here if details not fully known |
| | | |
| Date from: | Date to: | |
| mm yyyy | | mm yyyy |
| Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): | | |
| Rank/grade (if any): | Job title: | |
| Current contact email address (if known) | : | Telephone: |
| Section, Unit, Branch or Establishment (i | f applicable): | |
| Address Line 1: | | |
| Address Line 2: | | |
| Address Line 3: | | |
| Town: | County (or Region | on/Area/State) |
| Postcode (or equivalent, where applicable, | for overseas addresses): | |
| Country: | | |
| | | |
| 16/4 Previous self-employment | : | |
| Date from: Date to | : | |
| mm yyyy | mm yyyy | |
| Name of company: | | |
| Your company's address: | | |
| Address Line 1: | | |
| Address Line 2: | | |
| Address Line 3: | | |
| Town: | County (or Regi | on/Area/State) |
| Postcode (or equivalent, where applicable, | for overseas addresses): | |

Please provide details of someone in a position of authority who knew you well through your work while you were self-employed. This could be a senior business partner in your company, or a senior representative of a customer by whom you have been contracted to carry out work (for example, a Government official). Please enter the current information and contact details for this individual.

Country:

| Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Mx): | | |
|--|-------------------------------|--|
| Forename(s) | Surname: | |
| Please explain briefly how you knew this individu | al: | |
| | | |
| Their rank/grade (if any): | Their job title: | |
| How long did you work with/for this individual? | years months | |
| Please provide current contact details for this ind | lividual. | |
| Contact email address (if known): | Telephone: | |
| Address Line 1: | | |
| Address Line 2: | | |
| Address Line 3: | | |
| Town: | County (or Region/Area/State) | |
| Postcode (or equivalent, where applicable, for overs | eas addresses): | |
| Country: | | |
| | | |
| 16/5 Previous Unemployment | | |
| 16/5 Previous Unemployment Date from: | Date to: | |
| | Date to: | |
| Date from: | | |
| Date from: mm yyyy | mm yyyy Yes No | |
| Date from: mm yyyy Were you claiming unemployment benefit? | mm yyyy Yes No | |
| Date from: mm yyyy Were you claiming unemployment benefit? If 'Yes', please provide the address of the relevan | mm yyyy Yes No | |
| Date from: mm yyyy Were you claiming unemployment benefit? If 'Yes', please provide the address of the relevant Building Number: | mm yyyy Yes No | |
| Date from: mm yyyy Were you claiming unemployment benefit? If 'Yes', please provide the address of the relevant Building Number: Building Name: | mm yyyy Yes No | |
| Date from: mm yyyy Were you claiming unemployment benefit? If 'Yes', please provide the address of the relevant Building Number: Building Name: Street: | mm yyyy Yes No | |
| Date from: mm yyyy Were you claiming unemployment benefit? If 'Yes', please provide the address of the relevant Building Number: Building Name: Street: District/Area: | mm yyyy Yes No | |

Deliberately blank

17. Criminal Convictions & Related Matters

In line with HM Government's policy on vetting, you must declare any matter which may be relevant. This includes any criminal convictions which you may have, including those which are 'spent'. You must declare convictions issued by a Scottish court even if you know that they have been weeded from the Criminal History System in accordance with Police Scotland's rules on the retention of information.

You must reveal all convictions, whether or not spent, under the legislation.

In line with the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the Rehabilitation of Offenders (Exclusions and Exceptions)(Scotland) Order 2003 and the Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979, spent convictions may also be taken into account where protecting public safety or public order is involved.

The relevant department or agency will decide if a criminal conviction affects your security clearance. Although it may be taken into account, this information will not necessarily prevent you from being awarded a security clearance.

| Please answer the three questions on the next page and sign and date the section. You have the option to detach the Criminal Declaration (Pages 49 and 50) should you wish the Vetting Authorities alone to see your response on these matters. You should remove the section and place in an envelope, then seal the envelope, sign your name across the flap and attach it to the front of the questionnaire before sending to your sponsor. |
|--|
| Failure to disclose relevant circumstances or information is likely in itself to be regarded as evidence of unreliability and will be taken into account when assessing your suitability for security clearance. |
| Tick here if you have read and understand these instructions. |
| I confirm that I understand I must declare all spent convictions. |
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You are reminded that your answers will be checked against national criminal records.

| An | | | | | |
|---|---------------------------|--------------------|--------------|----------------|---------------------|
| If you have answered 'Yes', please give fu | ıll details (including da | tes): | | | |
| b. Have you ever been on probation, or re or had a fixed penalty notice or penalty no Fiscal in Scotland, or been bound over af | otice for disorder issue | d to you, or acce | pted a fisca | al fine from t | the Procurator |
| | Yes | No | | | |
| If you have answered 'Yes', please give fu | ıll details (including da | tes): | | | |
| c. Have you ever been convicted by a Cou armed forces of the UK or any Commonw | | | dismissal d | or fined whil | e serving in the |
| | Yes | No | | | |
| If you have answered 'Yes', please give fu | ull details (including da | tes): | | | |
| Please take the time to review all the answ you continue. | vers you have given fo | r the criminal con | victions & | related mat | ters section before |
| I confirm that I have reviewed all the answare correct | vers I have given for the | e criminal convict | tions & rela | ated matters | section and they |
| Please enter your full name and sign and | date below. | | | | |
| Surname: | | | | | |
| Full forenames: | | | | | |
| Signed: | Date: | | | | |
| | | I | Day | Month | Year |

18. Security Information

| You are reminded that your answers will be checked against natio may result in your being denied clearance. | nal security re | ecords. Failure to make a full declaration |
|--|-----------------|--|
| a. Have you ever been involved in Espionage? | Yes | No |
| b. Have you ever been involved in terrorism? | Yes | No |
| c. Have you ever been involved in sabotage? | Yes | No |
| d. Have you ever been involved in actions intended to overthrow or undermine Parliamentary democracy by political, industrial or violent means? | Yes | No |
| e. Have you ever been a member of, or supported, a group or groups involved in any of the above activities? | Yes | No |
| f. Have you ever had a close association with anyone, including any member of your family, who, to your knowledge, has been a member of or given active support to any such group or activities? | Yes | No |
| If you have answered 'Yes' to any of the above questions, please | provide full de | tails (including dates). |
| | | |

19. Other Information

| Yes | No |
|-----|------------|
| Yes | No |
| Yes | No |
| Yes | No |
| | Yes Yes |

| answers which might affect your suitab If you have answered 'Yes', please provide | ility for acces | ss to sensitive inf | | | NO |
|--|-----------------|---------------------|------------------|-----------------------|-------------|
| f. Is there any other information that you application? Please provide full details, including dates | - | | your clearance | Yes | No |
| | | | | | |
| 20. Previous Security Clea | arances | | | | |
| a. Have you completed any previous go or held a security clearance before? | vernment sec | curity questionna | ires, Yes | s No | |
| If you have answered 'Yes', please prov most recent security clearance held: | ide details of | the most recent | government secui | rity questionnaire co | ompleted or |
| b. What level of clearance was it? | DV | sc | СТС | Not known | |
| c. Department, Agency or Firm: | | | | | |
| d. Vetting Provider (if known - for example | e, DBS NSV, I | FCOS etc.): | | | |
| e. Date completed: | | | | | |
| Month Y | Year | | | | |
| f. Have you ever had a security clearance If you successfully appealed your case the | | | | s No | |
| If you have answered 'Yes': | | | | | |
| g. What level of clearance was it? | DV | SC | СТС | Not known | |
| h. Department, Agency or Firm: | | | | | |
| i. Date of withdrawal, suspension or refu | usal: | | | | |
| | | Month Year | | | |
| Please provide the reason for this. | | | | | |

21. Financial Circumstances - Financial History/Arrangements

For SC and SC (Review) only – you need not answer if you are completing this form for a CTC or CTC (Review)

| a. In the | last 10 years have you and | or your partner | | | | |
|------------|-------------------------------|----------------------------------|-------|-------------------|-----------------------|----------------|
| i. Had a | credit or store card applicat | ion declined? | Yes | No | | |
| If 'Yes': | Number of times: | Most recent year: | | Please provide | details on the conti | nuation pages |
| ii. Had a | personal loan application of | leclined? | Yes | No | | |
| If 'Yes': | Number of times: | Most recent year: | | Please provide | details on the conti | nuation pages |
| iii. Sougl | ht a reduction in monthly re | payments with a lender? | Yes | No | | |
| If 'Yes': | Number of times: | Most recent year: | | Please provide o | details on the contin | nuation pages |
| iv. Ever o | consolidated debt onto a ne | ew financial arrangement? | Yes | No | | |
| If 'Yes': | Number of times: | Most recent year: | | Please provide | details on the cont | inuation pages |
| v. Had a | default or termination notic | e issued to you by a bank or cr | edito | r? Yes | No | |
| If 'Yes': | Number of times: | Most recent year: | | Please provide | details on the conti | nuation pages |
| vi. Had a | credit or store card withdr | awn? | | Yes | No | |
| If 'Yes': | Number of times: | Most recent year: | | Please provide of | details on the contin | nuation pages |
| vii. Cons | sulted a debt management o | company or advisory service? | | Yes | No | |
| If 'Yes': | Number of times: | Most recent year: | | Please provide o | details on the contin | nuation pages |
| viii. Arra | nged a debt management p | lan (either formal or informal)? | | Yes | No | |
| If 'Yes': | Number of times: | Most recent year: | | Please provide d | letails on the contin | uation pages |
| ix. Been | subject to a county court ju | udgement? | | Yes | No | |
| If 'Yes': | Number of times: | Most recent year: | | Please provide d | etails on the contin | uation pages |
| x. Been s | subject to an attachment of | earnings order? | | Yes | No | |
| If 'Yes': | Number of times: | Most recent year: | | Please provide d | letails on the contin | uation pages |
| | | | | | | |

| b. Have you and/or your partner ev | ver: | | |
|--|--|--------------|--|
| i. Had repossession proceedings of | commenced against you? | Yes | No |
| If 'Yes': Number of times: | Most recent year: | Please provi | ide details on the continuation pages |
| ii. Been investigated by HMRC or I | DWP? | Yes | No |
| If 'Yes': Number of times: | Most recent year: | Please provi | ide details on the continuation pages |
| iii. Applied for an Individual Volunt Relief Order (DRO) or (in Scotland Minimal Asset Process (MAP) Ban (LILA) Bankruptcy? | | Yes | No |
| If 'Yes': Number of times: | Most recent year: | Please pro | vide details on the continuation pages |
| iv. Been declared bankrupt? | | Yes | No |
| If 'Yes': Number of times: | Most recent year: | Please prov | vide details on the continuation pages |
| your financial position better? | tions that would help us to understand | Yes | No |
| If 'Yes', please provide details: | | | |
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| <u> </u> | | | |

Continuation of Answers

| IMPORTANT: When providing additional information please write the Question Number against each all the information requested in the original question. | answer and provide |
|--|--------------------|
| an the information requested in the original question. | |
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Continuation of Answers

| IMPORTANT: When providing additional information please write the Question Number against each answer and provide all the information requested in the original question. | | | | |
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Continuation of Answers

| DRTANT: When providing additional information please write the Question Number against each answer and provine In information requested in the original question. | ək |
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Declaration

I declare that I have read and understood the statement of HM Government's vetting policy accompanying this questionnaire.

I understand that in accordance with this policy the personal information I have provided on this form about myself, my partner (if applicable) and my family will be submitted for checking against national criminal and security records.

I understand a check against credit reference agency records and investigations into my financial circumstances will also be carried out. I understand, too, that the information provided may be subject to ongoing checks where they are necessary and proportionate.

I declare that the information I have given is true and complete to the best of my knowledge and belief, and I understand that any false statement or deliberate omission in the information I have given in this questionnaire may disqualify me from employment (including employment in connection with Crown contracts if applicable) or make me liable to disciplinary action, which may include dismissal.

I undertake to notify any material changes in the information I have given (e.g. change of partner, address or financial circumstances), including any future criminal convictions, to the Personnel or Security branch concerned.

Important: Data Protection legislation. This questionnaire asks you to supply "personal" and "sensitive personal" data as defined by current data protection legislation. You will be supplying this data to the appropriate vetting authority where it will be processed exclusively for the purpose of security vetting, in accordance with HM Government's vetting policy, save that, in the highly unlikely event that data supplied by you discloses or suggests that:

i. a criminal offence has occurred or is likely to occur.

ii. staff may be at risk, e.g. if you have been diagnosed with a serious mental condition as potentially endangering yourself or others.

then the vetting authority may pass on that information alone to the appropriate person(s). Subject to this, the vetting authority will protect the information you provide and will ensure that it is not passed to anyone who is not authorised to see it.

By signing the declaration on this page, you are agreeing that you understand that the data you provide in this questionnaire will be processed in the manner described above.

If you have any concerns about any of the questions we ask, or what we will do with the information you provide, which are not answered by the guidance notes please contact the person who issued this form for further information.

Note: Please review the form BEFORE SIGNING to ensure that all questions have been fully answered. Please check that you have signed the Criminal Convictions Declaration on page 50.

When completed, this application form must be returned to your Sponsor. Contractors, please note at page 50 that you may detach and place in a sealed envelope the Criminal Convictions & Related Matters page before returning the form to the Sponsor.

You are not compelled to undergo national security vetting and you can withdraw from the process at any time. However, this is likely to mean that you can no longer be employed in the post for which you needed to be cleared. If you do decide to withdraw, after submitting this form, you must inform your Sponsor immediately.

| Signed: | Date: | | | |
|---------|-------|-----|-------|------|
| | | Dav | Month | Year |

OFFICIAL SENSITIVE PERSONAL (when completed) Security Check (SC) / Counter Terrorist Check (CTC) Questionnaire

To be completed by all Sponsors (Including HM Forces, Government Agencies and Firms)

Please ensure you have completed Section 2 (Security Clearance Required) on page 1, before submitting this request.

Please ensure you only write inside the fields provided. Do not mark or strike through any other areas of the form. If completing by hand please write in BLACK INK using BLOCK LETTERS. If an answer will not fit in the space provided, please enter your answer on the continuation sheets (pages 55 to 57). If you make a mistake, please do not correct it but delete it by striking it through. Please do not use correcting fluid.

Ensure you answer ALL the questions. You can use the abbreviation NA (Not Applicable). NA - If a question does not apply to you,write NA in the first two boxes only of the relevant question. Not Known - If you do not know the answer, or you cannot provide the information needed, write NOT KNOWN in the first line only of the relevant question. Please provide an explanation why the information is unknown to you in the appropriate boxes or on the continuation sheets (pages 55 to 57). Unanswered questions or Not Known replies may cause delay to the processing of this questionnaire.

| Please specify the fo | ollowing employ | ment details for t | the post which DV c | learance is require | d: | | |
|--|--------------------|--------------------|--|---------------------|--------------|----------------|----------|
| Employment Type: (reservist), please sele | | | | | a civil serv | ant but also a | military |
| Royal Navy | Army | RAF | MOD Civilian | Other C | Civil Servar | ıt | |
| Police Officer/civilian | staff | Civil Nuclea | ar Employee | Civil Nuclear Co | ntractor | | |
| Contractor | Other | | | | | | |
| Please provide the j Applicant's job title: | | olishment/locatio | on of the post for wh Establishment I | | equires th | s clearance. | |
| Is the applicant an e | existing employe | e who has been o | employed for more t | han three years? | Yes | No | |
| Is this clearance bei | ing requested on | initial recruitme | nt? | | Yes | No | |
| Is the post for which | n clearance is red | quired Reserved | or Non-Reserved? | Reserved | Non-Res | erved | |
| Is the vetting subject service provider? (Figure carrying out the vetting) | or example, close | | | | | | |

Checks Completed

support to the decision maker?

I certify that the following checks have been completed:

Full Baseline Personnel Security Standard (BPSS), comprising verification of the applicant's (i) Identity, (ii)
 Employment/academic history for (as a minimum) the past 12 months, (iii) Nationality/immigration status
 (including right to work in the UK), (iv) Criminal record check
 Yes
 No

Does the vetting subject (a) make security clearance decisions on behalf of your organisation or (b) provide direct

Where the full BPSS has not yet been completed, have the applicant's identity

Yes

No and immigration status been verified?

As the first stage in completing BPSS, it is mandatory to verify identity and immigration status for all new recruits before an application can be submitted.

No

EITHER a Departmental Record Check OR a Company Record Check
 Yes No

This entails a check of all available records held for the applicant. If the applicant is a new recruit, this includes any documentation provided as part of the recruitment process.

A Departmental Record Check is carried out when the applicant's employment type is RN, Army, RAF, MOD Civilian, Other Civil Servant or Police/Civilian Staff.

A Company Record Check is carried out when the applicant's employment type is Civil Nuclear Employee, Civil Nuclear Contractor, Contractor or Other.

| | <u> </u> | I IOIAL OLIVO | HIIVE I EROOM | AL (When completed | , | | |
|-----------------------|-----------------|--------------------|---------------------|----------------------------|------------|-----------|------|
| I certify that the re | levant records | s held for the app | olicant have been c | hecked for items of secui | rity inter | est and t | hat: |
| No items of securit | ty interest wer | re found | | | | | |
| The following item | s of security i | nterest were fou | nd: | | | | |
| | | | | | | | |
| | | | | | | | |
| Applicant Deta | ails | | | | | | |
| Applicant's Surnar | ne: | | Applicant's Fore | names in full: | | | |
| Applicant's Date of | f Birth: | | | | | | |
| | Da | y Month | Year | | | | |
| Forms of ID | | | | | | | |
| I confirm that the a | ipplicant's ide | ntity has been ve | erified. | | | | |
| Is the Subject an e | xisting emplo | yee who has bee | en employed for 3 y | rears or more? Yes | | No | |
| If you have answer | red 'Yes', only | a company reco | ords check is requi | red as confirmation of ide | entity: | | |
| Company | record numbe | er (optional): | | | | | |
| Issue date | (or date chec | ked): | | | | | |
| | | Da | y Month Year | | | | |
| | | | | for 3 years or more, how o | | | |
| Full EU passport | | Number | | Issue Date | | | |
| | | | | | Day | Month | Year |
| Full Non-EU Passp | ort: | Number | | Issue Date | , | | |
| | | | | | Day | Month | Year |
| Driving Licence: | | Number | | Issue Date | | | |
| | | | | | Day | Month | Year |
| Birth Certificate: | | Number | | Issue Date | | | |
| | | | | | Day | Month | Year |
| Company Records | : | Number | | Issue Date | | | |
| | | (optional) | | or date checked | Day | Month | Year |
| Other (1). | Please provi | de details: | | | | | |
| | | Number | | Issue Date | | | |
| Othor (2) | Diagon | (optional) | | (optional) | Day | Month | Year |
| Other (2). | Please provi | Number | | Issue Date | | | |
| | | Number | | 199AG Dale | | | |

(optional)

Day

Month Year

(optional)

Any Other Information

| Is there any other information that you would like to make the vetting service p If so, please provide details: | rovider aware of? ` | Yes | No | |
|--|---------------------|-----|-------|------|
| Your Details | | | | |
| Your Name: | | | | |
| Position within organisation: | | | | |
| Telephone Number: | Extension: | | | |
| Sponsor ID: | | | | |
| Signed: | Date: | Day | Month | Year |
| Notification of Clearance | | | | |
| The outcome of this application will be notified to the Sponsor as an electronic notification. Please ensure a valid email address is provided. Alternatively, a notification will be sent in writing to the address provided below. | | | | |
| Sponsor's Reference: | | | | |
| Purchase Order Number / Joint Business Agreement Number / Account Number: | | | | |
| Notification address: | | | | |
| Name of Firm / Organisation: | | | | |
| Address Line 1: | | | | |
| Address Line 2: | | | | |
| Town: | | | | |
| County/Region: | Postcode: | | | |
| Country: | | | | |
| Email: | | | | |
| If your address as a Sponsor is not the same as the notification address, please | e give it below: | | | |
| Name of Firm / Organisation: | | | | |
| Address Line 1: | | | | |
| Address Line 2: | | | | |
| Town: | | | | |
| County/Region: | Postcod | e: | | |
| Country: | | | | |

Contractor Details

| Please complete this section if you have given the applicant's employment type as 'Contractor' or 'Civil Nuclear Contractor'. | | | | |
|---|--|--|--|--|
| Contract number: | | | | |
| Please select your OWN employing organisation: | | | | |
| HM Government/HM Forces: | List X Contractor: | | | |
| \downarrow | | | | |
| Please identify the applicant's status: | Please identify the applicant's status: | | | |
| Non-List X Contractor | List X Contractor | | | |
| Non-List X Subcontractor | List X Subcontractor* | | | |
| Locally-employed Contractor (under an overarching contract) | Non-List X Subcontractor | | | |
| Locally-employed Contractor (NOT under an overarching contract) | *includes employees of your own | | | |
| (NOT under an overarching contract) | company, where this clearance is needed for work they are carrying out | | | |
| Longth of amplements time with firms | under sub contract to another firm. | | | |
| Length of employee's time with firm: | | | | |
| Years Months | | | | |
| Please provide details of the company by which the subject is DIRECTLY employed. For a consultant or locally-employed contractor, this may be their own business details. | | | | |
| Are the details of the company the same as those provided for the notification address? Yes No | | | | |
| If you have answered 'Yes', you do not need to enter them again. If your answer is 'No', please enter the details below: | | | | |
| Name of Firm / Organisation: | | | | |
| Address Line 1: | | | | |
| Address Line 2: | | | | |
| Town: | | | | |
| County/Region: | Postcode: | | | |
| Country: | | | | |
| | | | | |

Subcontractor Details

Please complete this section if you have identified the applicant's status as 'List X Subcontractor', 'Non-List X Subcontractor' or 'Locally-employed Contractor (under an overarching contract)'. Please provide details of the prime contractor. (This is the company to which the Subject, or their direct employer, is subcontracted. For a locally employed contractor engaged under an overarching contract, it will be the company with which this is placed.) Is your own company the prime contractor and therefore Yes No you have already given its details as the notification address? If you have answered 'Yes', you need not enter the company's details again. If you have answered 'No', please enter the prime contractor's details below. Name of Firm / Organisation: Address Line 1: Address Line 2: Town: Postcode: County/Region: Country: Is the clearance required for access to a site only? Yes No (For example, access to site only might only be required for Ground Maintenance staff etc.) To whose information will the employee have access? Site where the employee works or is to work: Title and type of work:

Privacy notice for processing personal data during National Security Vetting (NSV)

This privacy notice applies when the vetting provider is United Kingdom Security Vetting (UKSV). UKSV is part of the Ministry of Defence. If you are unsure as to the identity of your vetting provider, please ask your sponsor, which is normally the employer. This notice explains how we intend to store and handle your personal data and that of third parties in the course of conducting NSV. This notice may be updated from time to time – the latest version will be available on .gov.uk.

This notice applies in relation to all previous and current NSV applications processed by UKSV or its predecessors (Defence Business Services and FCO Services) and should be read in conjunction with the <u>NSV forms</u> and the document <u>'Personnel Security Controls'</u>, also available on .gov.uk.

1. The identity of the NSV data controllers and contact details

UKSV is responsible for carrying out NSV and, for some of its customers, also makes the clearance decision. In these circumstances, with the exception of the Security Service, it is the sole data controller for the NSV process. As UKSV is part of the Ministry of Defence, the Data Protection Officer (DPO) responsible for NSV can be contacted via the MOD Chief Information Officer at CIO-DPA@mod.uk.

When UKSV carries out NSV, but the decision on whether to grant security clearance is taken by the sponsor (which is normally the public authority employer), the sponsor organisation is a joint data controller with UKSV. In these circumstances, if you wish to exercise your rights under data protection legislation, you can contact either UKSV's Data Protection Officer (DPO) or their counterpart in the sponsor organisation that decides whether you will be granted security clearance. It is the sponsor's responsibility to advise you of their DPO's contact details.

In addition to UKSV and the sponsor organisation, the Security Service is a data controller for NSV in respect of the check of Security Service records. The Security Service publishes advice on access to information at https://www.mi5.gov.uk/access-to-information. It can be contacted via:

The Enquiries Desk PO Box 3255 London SW1P 1AE

Should you be granted clearance and subsequently move to another post requiring NSV at a different organisation, the relevant personnel security risk owner for the new organisation may review your clearance against the particular security risks that organisation faces. In such circumstances, the new organisation replaces the initial sponsor organisation as a joint data controller for NSV.

2. Why we will process your data

We will process your personal data and that of third parties for the purpose of carrying out NSV, including aftercare. NSV is necessary and proportionate to safeguard the UK's national security. We may also process your data for ancillary purposes, for example, to facilitate an appeal to the Security and Vetting Appeals Panel, to fulfil legal and regulatory requirements or, in an anonymised way for business monitoring and planning purposes.

3. The legal basis for the processing

UKSV and the sponsor organisation process your personal data and that of third parties in accordance with the General Data Protection Regulation, as applied by Chapter 3 of Part 2 of the Data Protection Act 2018 ('the Applied GDPR'). The Security Service will process your personal data in accordance with Part 4 of the Data Protection Act 2018 (intelligence services processing).

The processing of your personal data and that of third parties is necessary for the purpose of NSV, which is carried out for reasons of substantial public interest and in the exercise of official authority vested in the data controllers. Conducting NSV is a function of UKSV, which is part of the Ministry of Defence, a government department.

4. How your data will be processed

Your personal data and that of third parties will be processed as described in the 'Statement of HM Government Personnel Security and National Security Vetting Policy', which is included in the vetting forms and as an annex to

the document 'Personnel Security Controls' available on .gov.uk. The categories of personal data which we process are described in those documents.

5. Who we share your data with

Personal data that we collect and process for NSV is very strictly controlled and protected by a high level of physical, cyber and personnel security measures. Your NSV personal data is kept separate from other personal data and access is only provided for the purpose of NSV and to those with a strict 'need to know', such as your UKSV vetting officer.

Conducting NSV

To conduct the various checks that form part of NSV, it may be necessary to share some of your personal data with the relevant check provider so that they may provide further personal data to us. We only share the minimum amount of personal data necessary to enable the provider to perform the check. In most cases this is limited to basic identifying information (such as your name or date of birth) to ensure that the provider performs the check on the correct individual.

To perform the component NSV checks and reach a security clearance decision, UKSV may share some of your data with:

- Your employing department or company (to request access to relevant personnel records)
- Public authorities which maintain criminal records databases
- The Security Service
- Credit reference agencies
- Referees (e.g. supervisors, character and academic referees)
- The personnel security risk owner (to enable them to make a decision on your suitability to hold security clearance or so that they can specify any risk mitigation measures conditional for your clearance).

Third party personal data may be processed as a result of these checks. For example, this might be provided to UKSV by a referee.

We may also notify your sponsor or employer whether your clearance has been granted, refused or withdrawn.

Risk mitigation

On rare occasions where a security risk has been identified, UKSV or the sponsor department may consider that it is possible to mitigate that risk to an acceptable level by sharing relevant information with someone within your line management chain. Should this apply to you, we will not share your personal data without discussing this with you first and obtaining your explicit consent. If we seek to do this we will give you further explanation of the reasons why and purpose and also explain your rights with regard to providing and withdrawing consent.

If you are worried about the confidentiality of the NSV process, please contact your sponsor for advice.

Public interest matters

Very exceptionally, data supplied by you or by a third party may be sufficiently serious that the NSV data controllers may consider it is necessary and in the public interest to share relevant information with an appropriate authority, such as the police. This might occur when information suggests that:

- you may have committed a previously undetected criminal offence, or that an offence may be about to be committed,
- you or others may be at risk of harm,
- action is required to safeguard national security.

Appeal

If your clearance is refused or withdrawn and you decide to appeal to the Security Vetting Appeals Panel, we will provide the Panel with relevant personal data to enable them to consider your appeal.

6. How long we will keep your personal data

Your personal data and that of third parties will be retained for so long as is necessary for the purpose for which it was collected (safeguarding national security). Personal data collected during the NSV process will normally be

retained by UKSV and the sponsor organisation for six years from the date that your security clearance expires, lapses or is withdrawn. However, it may be necessary to retain some personal data beyond this period in the interests of national security or to defend legal proceedings which have already commenced.

7. Your data rights

You have considerable say over what happens to your personal data. Your rights and how you may exercise them are fully detailed on the ICO website. In relation to your personal data held by UKSV or the sponsor organisation, unless an exemption applies, you have the right:

- a. to request a copy your personal data
- b. to require us to restrict the processing of your data in certain circumstances
- c. to request your data be deleted or corrected
- d. to object to the processing of your data
- e. to lodge a complaint with the independent Information Commissioner's Office (ICO) if you think we are not handling your data fairly or in accordance with the law. You can contact the ICO at https://ico.org.uk/concerns, or telephone 0303 123 1113.

8. International data transfers and international organisations

As described above, for important reasons of public interest and national security, it may be necessary for UKSV to seek information from referees some of whom may be from international organisations, EU member states, or located in countries where the EU Commission has not issued an adequacy decision to confirm that it considers the country provides an adequate level of data protection.

Where the sponsor organisation is an international organisation, for example NATO, or where your clearance is to work for a contractor overseas, we will inform the organisation or contractor whether your clearance is granted, refused or withdrawn.

9. Decisions based on automated processing

NSV decision are not based solely on automated processing, including profiling. The decision whether to grant or refuse security clearance is taken individually by the relevant personnel security risk owner.

10. Failure to provide data

You are required to provide the personal data requested as part of NSV in order to obtain the security clearance necessary for your role, which will be either a contractual requirement or necessary for your employment with the sponsor organisation. If you do not provide the requested data, we will be unable to grant you security clearance and this may impact on your employment.

11. Complaints

If you are not satisfied with the way in which your personal data is being processed by UKSV:

You can make a complaint to the Ministry of Defence Information Rights Team:

MOD Information Rights Team Ground floor, zone D Main Building Whitehall London SW1A 2HB

Email: cio-dpa@mod.uk

The team will acknowledge your complaint within 5 working days and endeavour to send you a full response within 20 working days. If the team is unable to respond fully in this time, the team will explain why and let you know when you should get a full response.

If you are not satisfied with the response, you have the right to take your complaint to the Information Commissioner's Office: https://ico.org.uk/concerns/; telephone: 0303 123 1113.