

39422

RESTRICTED (WHEN COMPLETED)

Security Check (SC) \ Counter Terrorist Check (CTC) Questionnaire



HM Government

Important: Please read the notes on Page 3 before completing the form.

1. How to complete this form

The information you provide will be scanned electronically so please ensure you only write inside the white boxed areas. Do not mark or strike through any other areas of the form. If completing by hand please write in **BLACK INK** using **BLOCK LETTERS**. Keep each character within the boxes on the form and leave one space between names/words. If an answer will not fit in the space provided, please enter your answer on the continuation sheets (pages 23 to 24). If you make a mistake, please do not correct it but delete it by filling in the relevant box as in the example below. Please do not use correcting fluid.

Surname (now):

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 23 to 24).** Unanswered questions or Not Known replies may cause delay to the processing of this questionnaire.

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

Sponsors must also complete pages 27 to 29.

Type of Security Clearance Required: SC ☐ CTC ☐

Is this an initial clearance or a review? Initial ☐ Review ☐

***Date by which clearance is required:**

--	--

 /

--	--

 /

--	--	--	--

Day
Month
Year

* The date entered should be chosen with care and be specific. Expressions like 'ASAP' and 'Soonest' should not be used.

Tick here if you are requesting Priority clearance ☐ (Priority and Immediate cases only) I certify that this application is accompanied by a letter of justification, signed at the appropriate level.

Tick here if you are requesting Immediate clearance ☐

If the employee requires this clearance to access classified information from NATO/EU/Other countries or international organisations, please tick appropriate box

NATO ☐ EU ☐ Other ☐ (please specify)

3. Your Details

a. Surname (now):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

b. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev):

--	--	--	--	--	--

[illegible][illegible]

f. Explanation of different surnames (e.g. marriage, deed poll, etc.)	
--	--

g. Full forename(s):

h. Have your forenames changed at any time since birth? **Yes** ☐ **No** ☐ If 'Yes', go to Question 3i.
If 'No', go to Question 3k

[illegible]

j. Explanation of previous forenames	
--------------------------------------	--



STATEMENT OF HMG 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

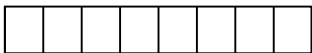
11. Existing employees who are subject to national security vetting and either refused a security clearance or whose clearance is withdrawn may appeal against such decisions. All departments and agencies that carry out national security vetting must provide for an internal appeal process. Where individuals 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.

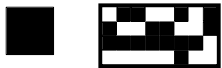
Ongoing Personnel Security Management

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.





39422

RESTRICTED (WHEN COMPLETED)



Previous Address

Previous Address	From:	<input type="text"/>	/	<input type="text"/>	To:	<input type="text"/>	/	<input type="text"/>
		Month		Year		Month		Year
House/Flat number:	<input type="text"/>	House name: <input type="text"/>						
Street:	<input type="text"/>							
District:	<input type="text"/>							
Town:	<input type="text"/>							
County / Region:	<input type="text"/>						Postcode:	<input type="text"/>
Country:	<input type="text"/>							

Previous Address

Previous Address	From:	<input type="text"/>	/	<input type="text"/>	To:	<input type="text"/>	/	<input type="text"/>
		Month		Year		Month		Year
House/Flat number:	<input type="text"/>	House name: <input type="text"/>						
Street:	<input type="text"/>							
District:	<input type="text"/>							
Town:	<input type="text"/>							
County / Region:	<input type="text"/>						Postcode:	<input type="text"/>
Country:	<input type="text"/>							

Previous Address

Previous Address	From:	<input type="text"/>	/	<input type="text"/>	To:	<input type="text"/>	/	<input type="text"/>
		Month		Year		Month		Year
House/Flat number:	<input type="text"/>	House name: <input type="text"/>						
Street:	<input type="text"/>							
District:	<input type="text"/>							
Town:	<input type="text"/>							
County / Region:	<input type="text"/>						Postcode:	<input type="text"/>
Country:	<input type="text"/>							

Previous Address

Previous Address	From:	<input type="text"/>	/	<input type="text"/>	To:	<input type="text"/>	/	<input type="text"/>
		Month		Year		Month		Year
House/Flat number:	<input type="text"/>	House name: <input type="text"/>						
Street:	<input type="text"/>							
District:	<input type="text"/>							
Town:	<input type="text"/>							
County / Region:	<input type="text"/>						Postcode:	<input type="text"/>
Country:	<input type="text"/>							

If you have further addresses in the last 5 years please tick here ☐ and enter additional address details on the continuation sheets (pages 23 and 24).

This is an official document. The content and format of this form remains the property of the Cabinet Office; the form must not be modified without prior permission from Cabinet Office Government Security Secretariat

RESTRICTED (WHEN COMPLETED)

39422

4. Your Contact Details

a. Home Telephone:

b. Work Telephone:

 Ext.

c. Military Dialling Code/GTN:

d. Mobile:

e. E-mail: Please list **all** e-mail addresses that you have, using the continuation pages if necessary.

(1)

(2)

(3)

f. If we need to contact you, do you wish to be contacted at: Work ☐ Home ☐ We will try to meet your preference but this cannot always be guaranteed

g. Please enter your work address:

Name of Employer:

Address Line 1:

Address Line 2:

Town:

County / Region:

 Postcode:

Country:

5. Marriage and partnerships

a. Are you currently or have you previously been (a) married or (b) registered a civil partnership under the Civil Partnership Act 2004? Yes ☐ No ☐

If you answered Yes, please give details below. If you answered No, please go to question 5c.

Date of marriage / registration:

 /

 /

Day Month Year

Town:

County / Region:

Country:

If more previous marriages / partnerships please tick here ☐ and enter additional details on the continuation sheets (pages 23 and 24)

b. Have you ever been divorced, separated or had a civil partnership dissolved? Yes ☐ No ☐

If you answered Yes, please give details below. If you answered No, please go to question 5c.

Date of Divorce, Separation or Dissolution:

 /

 /

Day Month Year

If divorced, court at which Decree Nisi and Decree Absolute granted. If civil partnership dissolved, court at which dissolution granted:

If more previous divorces, separations or dissolutions, please tick here ☐ and enter additional details on the continuation sheets (pages 23 and 24).

c. If living with a partner, from what date?:

If you have not lived with a partner in the last three years go to question 7

/

Month Year

6. Details About Your Partner and/or Former Partner(s)

Please enter details of any partner with whom you are living as a couple. Please also include ALL former partners who have died or from whom you have separated (including divorce or the dissolution of a civil partnership) in the last 3 years. If this includes more than one partner during the last 3 years please tick here ☐ and enter additional details on the continuation sheets (pages 23 and 24) in the same format as below.

If you have any other information which you feel may be appropriate (e.g. if your partner already holds a security clearance, or is in government employment) please enter the details on the continuation sheets (pages 23 and 24).

If you do not know full details of this individual, please tick here: ☐

Please give explanation:

--

a. Surname (now):

b. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev):

c. Surname (birth):

d. Sex: Male ☐ Female ☐

e. Any Other Surname(s) used: 1.

2.

f. Explanation of different surnames
(e.g. marriage, deed poll, etc.)

--

g. Full forename(s):

h. Have your partner's forenames changed at any time since birth? Yes ☐ No ☐

i. Previous forename(s):

j. Explanation of previous forenames

--

k. Date of Birth:

 /

 /

Day

Month

Year

If adopted, date of adoption:

 /

 /

Day

Month

Year

l. Town of birth:

County / Region:

Country:

m. If your partner holds a National Security Vetting Clearance (Developed Vetting, Security Check or Counter Terrorist Check), please tick here ☐

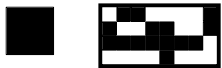
*n. Present Nationality:

*o. Dual Nationality (if any):

*p. Former Nationality (if any):

* There is a difference between nationality and citizenship. If they hold or held citizenship rather than nationality, tick here ☐ and advise which countries they held citizenship in, and dates:

--



39422

RESTRICTED (WHEN COMPLETED)



Previous Address

Previous Address	From:	<input type="text"/>	/	<input type="text"/>	To:	<input type="text"/>	/	<input type="text"/>
		Month		Year		Month		Year
House/Flat number:	<input type="text"/>	House name: <input type="text"/>						
Street:	<input type="text"/>							
District:	<input type="text"/>							
Town:	<input type="text"/>							
County / Region:	<input type="text"/>						Postcode:	<input type="text"/>
Country:	<input type="text"/>							

w. Do you have any other information about your partner which you feel may be relevant?

Yes

☐

No

☐

If so, please give details:

Details About Your Natural Parents, Adoptive Parents, Foster Parents, Step-Parents or Legal Guardians

Please provide details of all parents and their current and/or former partners in the last 3 years. Even if you are adopted, or have step-parents, foster parents or legal guardians, we still require details of your natural father and mother below. If you have any other parents, adoptive parents, step-parents or legal guardians give details within Questions 9 and 10, using the continuation sheets (pages 23 and 24) where required.

Please state for each parent / parent's partner, the relationship, e.g. Step-Father/Father's Partner and, if appropriate, their date of death.

7. Details About Your Natural Father

If you do not know full details of your natural father, please tick here: ☐

Please give explanation:

a. Surname (now): b. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev): c. Surname (birth): d. Any Other Surname(s) used: 1. 2. e. Explanation of different surnames
(e.g. marriage, deed poll, etc.)f. Full forename(s): g. Have your father's forenames changed at any time since birth? Yes ☐ No ☐h. Previous forename(s): i. Explanation of previous
forenames



j. Date of Birth:

/

/

DayMonthYear

k. Town of birth:

County / Region:

Country:

*l. Present Nationality:

*m. Dual Nationality (if any):

*n. Former Nationality (if any):

* There is a difference between nationality and citizenship. If your father holds or held citizenship rather than nationality, tick here ☐ and advise which countries he holds/ held citizenship in, and dates:

o. If British naturalised,
give number and date of certificate:

Number:

Date:

/

/

DayMonthYear

p. If non-UK National, date of taking up permanent residence in UK:
(This is not necessarily the same as the date of the permission to stay in the UK)

Date:

/

/

DayMonthYear

q. Occupation:

r. Please enter your father's current permanent address below: If your father is deceased, please provide the date of death and enter your father's last known address below.

Full permanent address: Since

/

MonthYear

House/Flat number:

House name:

Street:

District:

Town:

County / Region:

Postcode:

Country:

s. Date of death (if applicable)

/

/

DayMonthYear

8. Details About Your Natural Mother

If you do not know full details of your natural mother, please tick here: ☐

Please give explanation:

a. Surname (now):

b. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev):

c. Surname (birth):



d. Any Other Surname(s) used: 1.
2.

e. Explanation of different surnames (e.g. marriage, deed poll, etc.)

f. Full forename(s):

g. Have your mother's forenames changed at any time since birth? Yes ☐ No ☐

h. Previous forename(s):

i. Explanation of previous forenames

j. Date of Birth: / /
Day Month Year

k. Town of birth:

County / Region:

Country:

*l. Present Nationality:

*m. Dual Nationality (if any):

*n. Former Nationality (if any):

* There is a difference between nationality and citizenship. If your mother holds or held citizenship rather than nationality, tick here ☐ and advise which countries she holds/ held citizenship in, and dates:

o. If British naturalised, give number and date of certificate: Number:

Date: / /
Day Month Year

p. If non-UK National, date of taking up permanent residence in UK: (This is not necessarily the same as the date of the permission to stay in the UK) Date: / /
Day Month Year

q. Occupation:

r. Please enter your mother's current permanent address below: If your mother is deceased, please provide the date of death and enter your mother's last known address below.

Full permanent address: Since /
Month Year

House/Flat number: House name:

Street:

District:

Town:

County / Region: Postcode:

Country:



RESTRICTED (WHEN COMPLETED)

Number:

Date:

 /

 /

Day Month Year

[illegible]

Full permanent address: Since

--	--

 /

--	--	--	--

Month Year

[illegible]

Street:

District:

[illegible][illegible][illegible]

u. Date of death (if applicable)

Day

Month

Year

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

If you do not know full details of this individual, please tick here: ☐

Please give explanation:

[illegible]

b. Date of adoption (if applicable):

 /

 /

Day Month Year

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

d. Surname (now):

e. Surname (birth):

[illegible]

g. Explanation of different surnames (e.g. marriage, deed poll, etc.)	
--	--

[illegible]

i. Have this individual's forenames changed at any time since birth? Yes ☐ No ☐

[illegible]

k. Explanation of previous forenames	
--------------------------------------	--



14. Your Previous Employment

Please enter details of any other full or part-time employment you have held within the last 5 years giving the most recent employment first. Please include any periods of unemployment of 3 months or more giving the address of the relevant Benefit Office. Where work was obtained through an employment agency, details of the agency and dates only need be given (use the continuation sheets on pages 23 and 24). Self-employed contractors or consultants who have not obtained work through an employment agency should provide details of 3 firms worked for.

If you have no previous employment go to question 15.

a. Name of employer:																														
b. Address of employer:																														
Address Line 1:																														
Address Line 2:																														
Town:																														
County/Region:																					Postcode:									
Country:																														
c. Telephone:																														
d. Surname of Immediate Supervisor:																														
e. Forenames of Immediate Supervisor:																														
f. Supervisor's Grade/Rank:																														
g. Supervisor's job title:																														
h. Supervisor's e-mail address (if known):																														
i. Your Grade/Rank:																														
j. Your job title:																														
k. Dates:	From:			/					To:			/																		
		Month				Year					Month				Year															

a. Name of employer:																														
b. Address of employer:																														
Address Line 1:																														
Address Line 2:																														
Town:																														
County/Region:																					Postcode:									
Country:																														
c. Telephone:																														
d. Surname of Immediate Supervisor:																														
e. Forenames of Immediate Supervisor:																														
f. Supervisor's Grade/Rank:																														
g. Supervisor's job title:																														
h. Supervisor's e-mail address (if known):																														
i. Your Grade/Rank:																														
j. Your job title:																														
k. Dates:																														
	From:				/								To:				/													
	Month						Year						Month						Year											

a. Name of employer:																														
b. Address of employer:																														
Address Line 1:																														
Address Line 2:																														
Town:																														
County/Region:																Postcode:														
Country:																														
c. Telephone:																														
d. Surname of Immediate Supervisor:																														
e. Forenames of Immediate Supervisor:																														
f. Supervisor's Grade/Rank:																														
g. Supervisor's job title:																														
h. Supervisor's e-mail address (if known):																														
i. Your Grade/Rank:																														
j. Your job title:																														
k. Dates:	<div> <div>From:</div> <div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div>Year</div> </div> <div> <div>To:</div> <div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div>Year</div> </div>																													

Month

Month

a. Name of employer:																														
b. Address of employer:																														
Address Line 1:																														
Address Line 2:																														
Town:																														
County/Region:																Postcode:														
Country:																														
c. Telephone:																														
d. Surname of Immediate Supervisor:																														
e. Forenames of Immediate Supervisor:																														
f. Supervisor's Grade/Rank:																														
g. Supervisor's job title:																														
h. Supervisor's e-mail address (if known):																														
i. Your Grade/Rank:																														
j. Your job title:																														
k. Dates:	<div> <div>From:</div> <div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div>Year</div> </div> <div> <div>To:</div> <div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div>Year</div> </div>																													

Month

Month

If more than 4 previous employers please tick here ☐ and enter additional employment details on the continuation sheets (pages 23 and 24).



15. Your Supervisors

To be completed only if you are currently serving in HM Forces, Reserve or HM Government or have done so in the last 5 years. If not please go to question 16.

Please give details of your immediate supervisor/line manager in each posting in HM Forces/Reserve/Government service in the last 5 years, giving the most recent first. The immediate supervisor/line manager is the person who directly supervised you and saw you most frequently in each posting; for service personnel it must be someone of Petty Officer/SNCO rank or above.

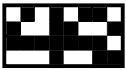
a. Dates you were supervised:	From: <table border="1" style="display: inline-table; width: 30px; height: 30px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 30px; vertical-align: middle;"></table> / <table border="1" style="display: inline-table; width: 30px; height: 30px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 30px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 30px; vertical-align: middle;"></table>	To: <table border="1" style="display: inline-table; width: 30px; height: 30px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 30px; vertical-align: middle;"></table> / <table border="1" style="display: inline-table; width: 30px; height: 30px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 30px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 30px; vertical-align: middle;"></table>	Month Year Month Year	
b. Section, Branch, Unit or Establishment:	<table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table>			
c. Surname:	<table border="1" style="width: 100%; height: 20px;"></table>		d. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev): <table border="1" style="width: 100%; height: 20px;"></table>	
e. Forename(s):	<table border="1" style="width: 100%; height: 20px;"></table>			
f. Grade/Rank:	<table border="1" style="width: 100%; height: 20px;"></table>			
g. Post Title:	<table border="1" style="width: 100%; height: 20px;"></table>			
h. Please enter the present work/daytime address and telephone number of this supervisor below:				
Address Line 1:		<table border="1" style="width: 100%; height: 20px;"></table>		
Address Line 2:		<table border="1" style="width: 100%; height: 20px;"></table>		
Town:		<table border="1" style="width: 100%; height: 20px;"></table>		
County/Region:		<table border="1" style="width: 100%; height: 20px;"></table>		Postcode: <table border="1" style="width: 100%; height: 20px;"></table>
Country:		<table border="1" style="width: 100%; height: 20px;"></table>		
i. Military Telephone Number:	<table border="1" style="width: 100%; height: 20px;"></table>			
j. Civilian Telephone Number:	<table border="1" style="width: 100%; height: 20px;"></table>			
k. Email Address (If known):	<table border="1" style="width: 100%; height: 20px;"></table>			

a. Dates you were supervised:	From: <table border="1" style="display: inline-table; width: 40px; height: 30px; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table> / <table border="1" style="display: inline-table; width: 60px; height: 30px; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>							To: <table border="1" style="display: inline-table; width: 40px; height: 30px; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table> / <table border="1" style="display: inline-table; width: 60px; height: 30px; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>							
	Month	Year	Month	Year											
b. Section, Branch, Unit or Establishment:															
c. Surname:			d. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev):												
e. Forename(s):															
f. Grade/Rank:															
g. Post Title:															
h. Please enter the present work/daytime address and telephone number of this supervisor below:															
Address Line 1:															
Address Line 2:															
Town:															
County/Region:			Postcode:												
Country:															
i. Military Telephone Number:															
j. Civilian Telephone Number:															
k. Email Address (If known):															

a. Dates you were supervised:	From: <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px;"> MonthYear </div>	To: <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px;"> MonthYear </div>	
b. Section, Branch, Unit or Establishment:			
c. Surname:			
d. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev):			
e. Forename(s):			
f. Grade/Rank:			
g. Post Title:			
h. Please enter the present work/daytime address and telephone number of this supervisor below:			
Address Line 1:			
Address Line 2:			
Town:			
County/Region:			Postcode: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Country:			
i. Military Telephone Number:			
j. Civilian Telephone Number:			
k. Email Address (If known):			

a. Dates you were supervised:	From: <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px;"> MonthYear </div>	To: <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px;"> MonthYear </div>	
b. Section, Branch, Unit or Establishment:			
c. Surname:			
d. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev):			
e. Forename(s):			
f. Grade/Rank:			
g. Post Title:			
h. Please enter the present work/daytime address and telephone number of this supervisor below:			
Address Line 1:			
Address Line 2:			
Town:			
County/Region:			Postcode: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Country:			
i. Military Telephone Number:			
j. Civilian Telephone Number:			
k. Email Address (If known):			

If more than 4 supervisors please tick here ☐ and enter the details for each supervisor on the continuation sheets (pages 23 and 24).



RESTRICTED (WHEN COMPLETED)

--	--	--	--	--	--	--	--



You are reminded that your answers will be checked against national criminal records.

Have you ever been:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| a. convicted or found guilty by a Court (including juvenile courts) of ANY offence in ANY country (excluding parking and speeding, but including all other motoring offences even where a spot fine has been administered by the police)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. on probation, or received a formal caution, or been absolutely/conditionally discharged, or had a fixed penalty notice or penalty notice for disorder issued to you, or accepted a fiscal fine from the Procurator Fiscal in Scotland, or been bound over after being charged with any offence, or is there any action pending against you? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. convicted by a Court Martial, or sentenced to detention or dismissal or fined while serving in the armed forces of the UK or any Commonwealth or foreign country? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you answered Yes to any of the questions on this page, please give full details, (including dates) below.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	5
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	---

Please enter your full name and sign and date below.

Surname:

[illegible]

Full
Forename(s):

[illegible]

Signed:

--

Date:

/ /
 Day Month Year

--	--	--	--	--	--	--	--

17. Security Information

You are reminded that your answers will be checked against national security records.

Have you ever been involved in:			
a. espionage?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
b. terrorism?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
c. sabotage?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
d. Actions intended to overthrow or undermine Parliamentary democracy by political, industrial or violent means?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
e. Have you ever been a member of, or supported a group or groups involved in any of the above activities?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
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	<input type="checkbox"/>	No <input type="checkbox"/>

18. Other Information

You are required to state if there are any other matters which might be relevant to the granting of a security clearance.

a. Do you currently have, or have you ever had, serious medical or psychological problems?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. Are you currently, or have you ever been, a habitual user of addictive substances (e.g. drugs or alcohol)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c. Do you currently have, or have you ever had, significant financial difficulties?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d. Are you now, or have you ever been, involved in conduct liable to lead to susceptibility to pressure or improper influence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e. Are you aware of any other circumstances or characteristics not covered by your previous answers which might affect your suitability for access to sensitive information or assets?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you answered Yes to any of the questions on this page, please give full details below.

19. Previous Security Clearances

Have you completed any previous government security questionnaires or held a security clearance before?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you answered Yes, please provide information on the most recent questionnaire/security clearance, the department, agency or firm you applied to or were working for, and the date completed.					
Type of Questionnaire:	<div></div>				
Department, agency or firm:	<div></div>				
Date Completed:	<div></div>	/	<div></div>		
	Month		Year		
Have you ever had a security clearance withdrawn or withheld?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If so, please state what level of clearance, which department, agency or firm you were working for or had applied to, and the date when your clearance was withdrawn.					

Level of clearance (e.g DV, SC, CTC):

Department, Agency or Firm:

Date of withdrawal:

Please give the reason for this:

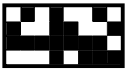
Is there any other information that you wish to provide in support of your clearance application?

20. 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)

			Number of Times	Most Recent Year
a. Have you and/or your partner in the last 10 years:				
Had a credit or store card application declined?	Yes	No		
Had a personal loan application declined?	Yes	No		
Sought a reduction in monthly repayments with a lender?	Yes	No		
Ever consolidated debt onto a new financial arrangement?	Yes	No		
Had a default or termination notice issued to you by a bank or creditor?	Yes	No		
Had a credit or store card withdrawn?	Yes	No		
Consulted a debt management company or advisory service, e.g. CAB?	Yes	No		
Arranged a debt management plan (formal or informal)?	Yes	No		
Been subject to a county court judgement?	Yes	No		
Been subject to an attachment of earnings order?	Yes	No		
Had repossession proceedings commenced against you?	Yes	No		
Been investigated by HMRC or DWP?	Yes	No		
b. Have you and/or your partner ever applied for an Individual Voluntary Arrangement (IVA), or (in Scotland only) a Protected Trust Deed, or a Debt Relief Order?	Yes	No		
c. Have you and/or your partner ever been declared bankrupt?	Yes	No		
d. Do you have any financial interests that may conflict with your duties as a Civil Servant, member of HM Forces, or as a Government contractor? (e.g. your partner runs a company, which tenders for contracts that you are responsible for placing)	Yes	No		
e. Are there any details or explanations that would help us to understand your financial position better?	Yes	No		

If you answered 'yes' to any question, please provide full details on the continuation pages.



39422

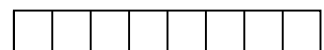
RESTRICTED (WHEN COMPLETED)

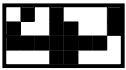


Continuation of Answers

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

Question
Number





39422

RESTRICTED (WHEN COMPLETED)

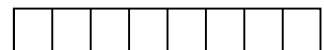


Continuation of Answers

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

Question
Number

RESTRICTED (WHEN COMPLETED)



Declaration

I declare that I have read and understood the statement of HM Government's policy on vetting on page 3 of this questionnaire.

I understand that in accordance with this policy the personal information that 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 that, 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 above (e.g. change of partner, address or financial circumstances), including any future criminal convictions, to the Personnel or Security branch concerned.

Important: Data Protection Act 1998. This questionnaire asks you to supply "personal" and "sensitive personal" data as defined by the Data Protection Act 1998. 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 or,
- ii. staff may be at risk of danger 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 which 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 explicitly consenting for the data you provide in this questionnaire to 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 20.

When completed, this application form must be returned to your Sponsor. Contractors, please note at page 20 that you may detach and place in a sealed envelope the Criminal Convictions & Related Matters page before returning the form to the Sponsor.

Signed:

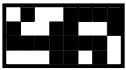
Date:

 / /

Day

Month

Year



39422

RESTRICTED (WHEN COMPLETED)



THIS PAGE IS INTENTIONALLY BLANK



RESTRICTED (WHEN COMPLETED)

--	--	--	--	--	--	--	--





Security Check (SC) / Counter Terrorist Check (CTC) Questionnaire

How to complete this form

The information you provide will be scanned electronically so please ensure you only write inside the white boxed areas. Do not mark or strike through any other areas of the form. If completing by hand please write in **BLACK INK** using **BLOCK LETTERS**.

Keep each character within the boxes on the form and leave one space between names/words. If an answer will not fit in the space provided, please enter your answer on the continuation sheets (pages 23 and 24). If you make a mistake, please do not correct it but delete it by filling in the relevant box as the example below. Please do not use correcting fluid.

Surname (now):

[illegible]

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 23 and 24).** **Unanswered questions or Not Known replies may cause delay to the processing of this 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 specify the following employment details for the post which security clearance is required:

Employment Type:	RN	<input type="checkbox"/>	Army	<input type="checkbox"/>	RAF	<input type="checkbox"/>	MOD Civilian	<input type="checkbox"/>
	Other Civil Servant	<input type="checkbox"/>	Police Officer / Civilian Staff	<input type="checkbox"/>	Civil Nuclear Employee	<input type="checkbox"/>	Civil Nuclear Contractor	<input type="checkbox"/>
	Other Contractor	<input type="checkbox"/>	Other	<input type="checkbox"/>				

If a contractor, is the applicant: List X? ☐ Non-List X? ☐

Job Title:[illegible]

Establishment / Location

[illegible][illegible]

Is the post for which security clearance is required:

Reserved ☐ Non Reserved ☐

Is this clearance being requested on initial recruitment?

Yes ☐ No ☐

Tick here if the post for which clearance is required is within, or closely associated with, the DVA. ☐

I CERTIFY THAT THE FOLLOWING CHECKS HAVE BEEN COMPLETED:

a. Full Baseline Personnel Security Standard (BPSS), comprising verification of the applicant's: Yes ☐ No ☐

- * Identity
- * Employment / academic history for (as a minimum) the past 12 months
- * Nationality / immigration status (including the right to work in the UK)

b. Where the full BPSS has NOT yet been completed, the applicant's identity and immigration status have been verified.

Yes ☐ No ☐ Not Applicable ☐

c. Departmental Record Check (for Service personnel, Civil Servants and employees of the civil nuclear industry only).

Yes ☐ No ☐ Not Applicable ☐

d. Company Record Check (for Contractors only). 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).

Yes ☐ No ☐ Not Applicable ☐



The outcome of this application will be notified to the Sponsor in writing to the address given below. If an electronic notification is required please provide an e-mail address in addition.

[illegible]

Sponsor's Address (if different from Notification Address)

[illegible]

(Including List X, Consultants and Subcontractors working on government and civil nuclear sites)

Length of employee's time with the firm:

Years	<div style="border: 1px solid black; width: 60px; height: 30px;"></div>	Months	<div style="border: 1px solid black; width: 60px; height: 30px;"></div>
--------------	---	---------------	---

Is the Subject a Sub Contractor working for either List X Companies or Government Departments/HM Forces, e.g. Consultants, builders, maintenance staff?

Yes ☐ No ☐

[illegible]

Will the employee be on your company's payroll? Yes ☐ No ☐

Contract Number:

Is clearance required for access to a site only? Yes ☐ No ☐

[illegible]

To whose information will the employee have access ?

[illegible]

Site where the employee works or is to work:

[illegible]

Title and type of work:

[illegible]

--	--	--	--	--	--	--	--