





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.**



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## 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 more than 4 previous addresses in the last 10 years please tick ☐ and enter additional address details on the continuation sheets (pages 48 to 50).



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**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 provide dates in the next 3 months when you are unavailable for interview:

**h. 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 47 - 49)

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 47 - 49).

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



 /

Month Year

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



**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 47 - 49) 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 47 - 49).

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

Please give explanation:

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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: 



 / 



 / 



 If adopted, date of adoption: 



 / 



 / 



  
Day Month Year 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:

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

Number: Date:  /  / 

Day Month Year

r. 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)

 /  / 

Day Month Year

s. Date of death (if applicable)

 /  / 

Day Month Year

t. Partner's occupation:

u. Please enter your partner's current permanent address below:

Full permanent address: Since  / 

Month

Year

House/Flat number:  House name: Street: District: Town: County / Region:  Postcode: Country: 

v. Has your partner or former partner within the last 5 years:

Lived at any other addresses in the UK?

Yes ☐No ☐

Lived outside the UK for more than 12 months at a time?

Yes ☐No ☐

If you answered Yes, enter full details, with dates, in date order to cover the whole 5 year period below.

Previous Address

Previous Address From:  /  To:  / 

Month

Year

Month

Year

House/Flat number:  House name: Street: District: Town: County / Region:  Postcode: Country: 

Previous Address

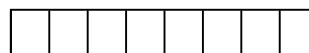
Previous Address From:  /  To:  / 

Month

Year

Month

Year

House/Flat number:  House name: Street: District: Town: County / Region:  Postcode: Country: 



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## 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 47 - 49) 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





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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: 



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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: 



 / 



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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:



s. Date of death (if applicable)

/

/

Day
Month
Year

t. Do you have any other parents, adoptive parents, step-parents or legal guardians? Please tick 'yes' or 'no'. If 'yes', go to Q9. If 'no', go to Q11.

Yes
☐
No
☐

9. 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:

a. Relationship:

b. Date of adoption (if applicable):

/

/

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

Day
Month
Year

d. Surname (now):

e. Surname (birth):

f. Any Other Surname(s) used:

1.

2.

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

h. Full forename(s):

i. Have this individual's forenames changed at any time since birth?

Yes ☐
No ☐

j. Previous forename(s):

k. Explanation of previous forenames

l. Date of Birth:

/

/

Day
Month
Year

m. Town of birth:

County / Region:

Country:

\*n. Present Nationality:

\*o. Dual Nationality (if any):

\*p. Former Nationality (if any)

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



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

Number:

Date:

Day

Month

Year

r. 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

s. Occupation:

t. Please enter the individual's current permanent address below: If the individual is deceased, please provide the date of death and enter their last known address below.

Full permanent address: Since

Month

Year

House/Flat number:

House name:

Street:

District:

Town:

County / Region:

Postcode:

Country:

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:

a. Relationship:

b. Date of adoption (if applicable):

Day

Month

Year

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

d. Surname (now):

e. Surname (birth):

f. Any Other Surname(s) used:

1.

2.

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

h. Full forename(s):

i. Have this individual's forenames changed at any time since birth?

Yes ☐

No ☐

j. Previous forename(s):

k. Explanation of previous  
forenames

l. Date of Birth:

Day

Month

Year



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**Number:**

**Date:**







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Day                  Month                  Year

(This is not necessarily the same as the date of the permission to stay in the UK)

[illegible]

Full permanent address: Since 

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Month Year

[illegible][illegible][illegible][illegible]

<b>County / Region:</b>		<b>Postcode:</b>	
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[illegible]

/   /      
 Day                      Month                      Year

## Details About Your Brothers and Sisters

**Please provide full details of ALL brothers and sisters aged 18 or over, including those who have died in the last 5 years. In addition to full brothers and sisters, please include half and step-brothers, half and step-sisters, and adopted brothers or sisters. Please state for each brother or sister, the relationship e.g. Brother/Step-Brother and, if appropriate, their date of death.**

## 11. Details About Your First Brother or Sister

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

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[illegible][illegible]

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d. Surname (birth):

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 this individual'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

l. Town of birth:

County / Region:

Country:

\*m. Present Nationality:

\*n. Dual Nationality (if any):

\*o. Former Nationality (if any):

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

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

Date:  /  /

Day

Month

Year

q. 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

r. Occupation:

s. Please enter your first brother or sister's current permanent address below: If the individual is deceased, please provide the date of death and enter their last known address below.

Full permanent address: Since  /

Month

Year

House/Flat number:  House name:

Street:

District:

Town:

County / Region:  Postcode:

Country:



r. Occupation:

s. Please enter your second brother or sister's current permanent address below: If the individual is deceased, please provide the date of death and enter their last known address below.

Full permanent address: Since 



 / 



  
Month Year

House/Flat number: 



 House name:

Street:

District:

Town:

County / Region: 



 Postcode:

Country:

t. Date of death (if applicable) 



 / 



 / 



  
Day Month Year

13. Details About Your Third Brother or Sister

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

Please give explanation:

a. Relationship:

b. Surname (now): 



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

d. Surname (birth):

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

i. Previous forename(s):

j. Explanation of previous forenames

k. Date of Birth: 



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 / 



  
Day Month Year

l. Town of birth:

County / Region:

Country:



[illegible][illegible][illegible]

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Year

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Year

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Year

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[illegible]

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Year

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

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[illegible][illegible]

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[illegible][illegible][illegible]

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[illegible]

h. Have this individual'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

l. Town of birth:

County / Region:

Country:

\*m. Present Nationality:

\*n. Dual Nationality (if any):

\*o. Former Nationality (if any):

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

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

Number:

Date:  /  /   
Day Month Year

q. 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

r. Occupation:

s. Please enter your fourth brother or sister's current permanent address below: If the individual is deceased, please provide the date of death and enter their last known address below.

Full permanent address: Since  /   
Month Year

House/Flat number:  House name:

Street:

District:

Town:

County / Region:  Postcode:

Country:

t. Date of death (if applicable)

/  /   
Day Month Year

If more than 4 siblings please tick here ☐ and enter additional details on the continuation sheets (pages 47 - 49).

## Details About Your PARTNER'S Natural Parents, Adoptive Parents, Foster Parents, Step-Parents or Legal Guardians

Please provide details of ALL your partner's parents and their current and/or former partners in the last 3 years. Even if your partner is adopted, or has step-parents, foster parents or legal guardians, we still require details of their natural father and mother below. If your partner has any other parents, adoptive parents, step-parents or legal guardians give details within Questions 17 and 18, using the continuation sheets (pages 47 - 49) where required.

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

### 15. Details About Your PARTNER'S Natural Father

If you do not know full details of your partner's 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 partner's father'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 partner's father holds or held citizenship rather than nationality, tick here ☐ and advise which countries he holds/ held citizenship in, and dates:



**RESTRICTED (WHEN COMPLETED)**

**Number:**

**Date:**







 / 







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Day                  Month                  Year

[illegible][illegible]

**Street:**

**District:**

[illegible][illegible]

**Country:**

/   /      
 Day Month Year

Please give explanation:

--

a. Surname (now):

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

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[illegible][illegible][illegible]

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

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[illegible]

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

[illegible]

**i. Explanation of previous forenames**

--

j. Date of Birth: 



 / 



 /

Day      Month      Year

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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 partner's 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 Yearp. 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 Yearq. Occupation: 





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

Full permanent address: Since 



 / 



  
Month YearHouse/Flat number: 



 House name: 



Street: 



District: 



Town: 



County / Region: 



 Postcode: 



Country: 



s. Date of death (if applicable) 



 / 



 / 



  
Day Month Yeart. Does your partner have any other parents, adoptive parents, step-parents or legal guardians? Yes ☐ No ☐  
Please tick 'yes' or 'no'. If 'yes', go to Q17. If 'no', go to Q19.

## 17. Details About Your PARTNER'S 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:



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a. Relationship:

b. Date of adoption (if applicable):  /  /  c. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev):

Day Month Year

d. Surname (now):

e. Surname (birth):

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

2.

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

h. Full forename(s):

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

j. Previous forename(s):

k. Explanation of previous forenames

l. Date of Birth:  /  /

Day Month Year

m. Town of birth:

County / Region:

Country:

\*n. Present Nationality:

\*o. Dual Nationality (if any):

\*p. Former Nationality (if any):

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

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

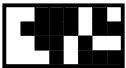
Date:  /  /

Day Month Year

r. 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

s. Occupation:



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t. Please enter the individuals current permanent address below: If the individual is deceased, please provide the date of death and enter their last known address below.

Full permanent address: Since

Month

Year

House/Flat number: 

House name:

Street:

District:

Town:

County / Region:

Postcode:

Country:

u. Date of death (if applicable)

Day

Month

Year

## 18. Details of PARTNER'S 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:

a. Relationship:

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

b. Date of adoption (if applicable):

Day

Month

Year

d. Surname (now):

e. Surname (birth):

f. Any Other Surname(s) used:

1.

2.

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

h. Full forename(s):

i. Have this individual's forenames changed at any time since birth?

Yes

☐

No

☐

j. Previous forename(s):

k. Explanation of previous  
forenames

l. Date of Birth:

Day

Month

Year



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m. Town of birth:

County / Region:

Country:

\*n. Present Nationality:

\*o. Dual Nationality (if any):

\*p. Former Nationality (if any):

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

q. If British naturalised, give number and date of certificate: Number:  Date:  /  /   
Day Month Year

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

s. Occupation:

t. Please enter the individuals current permanent address below: If the individual is deceased, please provide the date of death and enter their last known address below.

Full permanent address: Since  /   
Month Year

House/Flat number:  House name:

Street:

District:

Town:

County / Region:  Postcode:

Country:

u. Date of death (if applicable)  /  /   
Day Month Year





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## 19. Details About Your Co-Residents

Please give details of anyone aged 18 or over living with you in shared accommodation (e.g. lodgers, au-pairs, flat-mates, etc). You need not enter details of your partner or of anyone you have already included in this questionnaire. Do not enter details of those who live in the same hostel or shared Service accommodation.

If not applicable please go to question 20.

a. Surname (now):	<input type="text"/>	b. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev):	<input type="text"/>
c. Forename(s):	<input type="text"/>		
d. Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	OR Approximate Age (in Years):	<input type="text"/>
	Day	Month	Year
e. Town of Birth:	<input type="text"/>		
*f. Present Nationality:	<input type="text"/>		
	<i>*If applicable, please differentiate between citizenship and nationality</i>		
g. Occupation:	<input type="text"/>		

a. Surname (now):	<input type="text"/>	b. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev):	<input type="text"/>
c. Forename(s):	<input type="text"/>		
d. Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	OR Approximate Age (in Years):	<input type="text"/>
	Day	Month	Year
e. Town of Birth:	<input type="text"/>		
*f. Present Nationality:	<input type="text"/>		
	<i>*If applicable, please differentiate between citizenship and nationality</i>		
g. Occupation:	<input type="text"/>		

a. Surname (now):	<input type="text"/>	b. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev):	<input type="text"/>
c. Forename(s):	<input type="text"/>		
d. Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	OR Approximate Age (in Years):	<input type="text"/>
	Day	Month	Year
e. Town of Birth:	<input type="text"/>		
*f. Present Nationality:	<input type="text"/>		
	<i>*If applicable, please differentiate between citizenship and nationality</i>		
g. Occupation:	<input type="text"/>		

a. Surname (now):	<input type="text"/>	b. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev):	<input type="text"/>
c. Forename(s):	<input type="text"/>		
d. Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	OR Approximate Age (in Years):	<input type="text"/>
	Day	Month	Year
e. Town of Birth:	<input type="text"/>		
*f. Present Nationality:	<input type="text"/>		
	<i>*If applicable, please differentiate between citizenship and nationality</i>		
g. Occupation:	<input type="text"/>		

If more than 4 co-residents please tick here ☐ and enter additional co-residents' details on the continuation sheets (pages 47 - 49).

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**20. Employment in HM Forces****a. Are you now, or have you ever been a member of HM Forces or Reserve?**Yes ☐ No ☐

If you answered 'no' please go to Question 21. If you answered 'yes' please give details below.

**b. Are you currently serving?**Yes ☐ No ☐**c. Dates of Service:****From:**

/

**To:**

/

Month

Year

Month

Year

**d. Rank now or on discharge:****e. Service (RN/RM, Army or RAF):****f. Service Number:****21. Employment in HM Government Service, the Civil Nuclear Industry, Police Forces and the Devolved Administrations\***

*This includes employment in the UK government departments and agencies, British Energy, Canberra UK, Centronic, Civil Nuclear Constabulary, Direct Rail Services Ltd, Dounreay Site Restoration Ltd, Enrichment Technology UK (Marlow, Capenhurst), GE Healthcare, Geodis, Imperial College Reactor Centre, International Nuclear Services (Warrington), James Fisher (Crewing Services) Ltd, Magnox, Nuclear Decommissioning Authority, National Nuclear Laboratory, NUVIA, Sellafield Ltd, RSRL (Harwell and Winfrith), Springfield Fuels Ltd, Studsvik (Gateshead), UKAEA, Urenco, VT Nuclear Services, WH Bowker, Inutec, EDF Nuclear, Horizon Nuclear Power, the Civil Aviation Authority, the BT Group of companies and the Post Office.*

**a. Are you employed now, or have you ever been employed, by any of the above?**Yes ☐ No ☐

If you answered 'no' please go to Question 22. If you answered 'yes' please give details below.

**b. Present or most recent organisation:****c. Dates of Service:****From:**

/

**To:**

/

Month

Year

Month

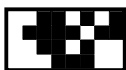
Year

**d. Grade now or on leaving:****22. Your Present Employment****To be completed if you are NOT currently employed in HM Forces or HM Government Service.****a. Are you presently employed?**Yes ☐ No ☐

If you answered 'yes' please give present employment details below. If you answered 'no' please go to question 23.

**b. Name of employer:****c. Address of employer:****Address Line 1:****Address Line 2:****Town:****County/Region:****Postcode:****Country:****d. Telephone:****e. Surname of Immediate Supervisor:****f. Forenames of Immediate Supervisor:**





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[illegible]

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:																														

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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						

If more than 4 previous employers please tick here ☐ and enter additional employment details on the continuation sheets (pages 47 - 49).

## 24. 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 25.

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:			/					To:			/									
		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:			/					To:			/									
		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:																					



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County/Region:

Postcode:

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 47 - 49).

**25. Your Full Time Education**

Have you received full time education during the last 5 years?

Yes ☐No ☐

If you answered Yes, please give full details below of all courses, although there is no need to go back further than age 14.

If you answered No, please go to question 26.

a. School/College/University:

Details of your Head/Principal/Tutor who knew you best at School/College/University:

b. Surname

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

d. Forename(s)

e. Official Address:

Address Line 1:

Address Line 2:

Town:

County/Region:

Postcode:

Country:

f. Telephone:

g. Email Address (If known):

h. Dates Attended:

From:

/

To:

/

Month

Year

Month

Year

a. School/College/University:

Details of your Head/Principal/Tutor who knew you best at School/College/University:

b. Surname

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

d. Forename(s)

e. Official Address:

Address Line 1:

Address Line 2:

Town:

County/Region:

Postcode:

Country:

f. Telephone:

g. Email Address (If known):

h. Dates Attended:

From:

/

To:

/

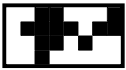
Month

Year

Month

Year

If more than 2 full time educational courses please tick here ☐ and enter the details for each additional educational course on the continuation sheets (pages 47 - 49).



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## 26. Your Character Referees

Please give details of a minimum of three referees (NOT RELATIVES OR PARTNERS AND PREFERABLY NOT SUPERVISORS OR EMPLOYERS) who, collectively, must have known you well over the past 10 years. At least one of the referees should be someone in your own age group. They should preferably be British citizens (but this is not obligatory) and, since it may be necessary for them to be interviewed, they must be able to make themselves available for that purpose in the UK or in a major military base overseas. YOU SHOULD TELL YOUR REFEREES THAT YOU WISH TO PUT THEIR NAMES FORWARD.

Referees should between them cover each specific area in which you have lived during this period: thus additional referees should be named if you have moved frequently during the last 10 years. It is not sufficient to nominate someone you know officially or professionally, such as a doctor, unless you know them socially as well. Similarly, staff members of a school, college or university should not be chosen unless they are close personal friends. Referees should include a person (not a partner), who knows you well in your home environment and ideally someone (other than a supervisor or employer) who knows you well in the work environment.

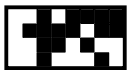
### First Character Referee

a. Surname																b. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev):									
c. Forename(s)																									
d. Date of Birth:			/			/					OR Approximate Age (in Years):														
	Day			Month			Year																		
e. Occupation:																									
f. Home Address of Referee:																									
House/Flat Number:					House Name:																				
Street:																									
District:																									
Town:																									
County/Region:																Postcode:									
Country:																									
g. Home Telephone:																									
h. Work Telephone:																Ext.									
i. Mobile Telephone:																									
j. Email Address:																									
k. Alternative Address for Interview (if applicable):																									
Address Line 1:																									
Address Line 2:																									
Town:																									
County/Region:																Postcode:									
Country:																									
l. How long have you known the Referee? Years:																									
m. When did you last see the Referee?			/																						
	Month			Year																					
n. Frequency of contact:	Once a Week: <input type="checkbox"/>										Once a Month: <input type="checkbox"/>										Once a Year: <input type="checkbox"/>				



Second Character Referee

a. Surname																					b. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev):																		
c. Forename(s)																																							
d. Date of Birth:	/		/												OR Approximate Age (in Years):																								
	Day		Month		Year																																		
e. Occupation:																																							
f. Home Address of Referee:																																							
House/Flat Number:					House Name:																																		
Street:																																							
District:																																							
Town:																																							
County/Region:																					Postcode:																		
Country:																																							
g. Home Telephone:																																							
h. Work Telephone:																					Ext.																		
i. Mobile Telephone:																																							
j. Email Address:																																							
k. Alternative Address for Interview (if applicable):																																							
Address Line 1:																																							
Address Line 2:																																							
Town:																																							
County/Region:																					Postcode:																		
Country:																																							
l. How long have you known the Referee? Years:																																							
m. When did you last see the Referee?	/																																						
	Month		Year																																				
n. Frequency of contact:	Once a Week: <input type="checkbox"/> Once a Month: <input type="checkbox"/> Once a Year: <input type="checkbox"/>																																						



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### Third Character Referee

<b>a. Surname</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<b>b. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev):</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
<b>c. Forename(s)</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
<b>d. Date of Birth:</b> <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 25px; display: flex; align-items: center; justify-content: center;">Day</div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 30px; height: 25px; display: flex; align-items: center; justify-content: center;">Month</div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center;">Year</div> </div>	<b>OR Approximate Age (in Years):</b> <div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center;"></div>
<b>e. Occupation:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
<b>f. Home Address of Referee:</b>	
<b>House/Flat Number:</b> <div style="border: 1px solid black; height: 25px; width: 100px;"></div>	<b>House Name:</b> <div style="border: 1px solid black; height: 25px; width: 400px;"></div>
<b>Street:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
<b>District:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
<b>Town:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
<b>County/Region:</b> <div style="border: 1px solid black; height: 25px; width: 60%;"></div>	<b>Postcode:</b> <div style="border: 1px solid black; height: 25px; width: 100px;"></div>
<b>Country:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
<b>g. Home Telephone:</b> <div style="border: 1px solid black; height: 25px; width: 150px;"></div>	
<b>h. Work Telephone:</b> <div style="border: 1px solid black; height: 25px; width: 150px;"></div>	<b>Ext.</b> <div style="border: 1px solid black; height: 25px; width: 60px;"></div>
<b>i. Mobile Telephone:</b> <div style="border: 1px solid black; height: 25px; width: 150px;"></div>	
<b>j. Email Address:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
<b>k. Alternative Address for Interview (if applicable):</b>	
<b>Address Line 1:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
<b>Address Line 2:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
<b>Town:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
<b>County/Region:</b> <div style="border: 1px solid black; height: 25px; width: 60%;"></div>	<b>Postcode:</b> <div style="border: 1px solid black; height: 25px; width: 100px;"></div>
<b>Country:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
<b>l. How long have you known the Referee? Years:</b> <div style="border: 1px solid black; width: 30px; height: 25px; display: flex; align-items: center; justify-content: center;"></div>	
<b>m. When did you last see the Referee?</b> <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 25px; display: flex; align-items: center; justify-content: center;">Month</div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center;">Year</div> </div>	
<b>n. Frequency of contact:</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Once a Week: <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"></div></span> <span>Once a Month: <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"></div></span> <span>Once a Year: <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"></div></span> </div>	

If more than 3 character referees please tick here ☐ and enter the details for each additional character referee on the continuation sheets (pages 47 - 49).

**RESTRICTED (WHEN COMPLETED)**

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27. Health Declaration

Please read the following BEFORE answering the questions below and overleaf about your health.

In some cases it may be necessary to consult your doctor and you may be asked to attend a medical examination. Any enquiries will be conducted by the Defence Vetting Agency's Vetting Medical Adviser (VMA), an approved Occupational Health Organisation (OHO) or Medical Officer (MO), such as BMI Health Services, or approved Medical officer (MO). In all but the most exceptional circumstances, these reports will not be made available to Departmental Security Officers, Personnel Officers or to line management. Exceptionally, a medical report may need to be seen by an appropriate senior person in your vetting authority in order to help reach a proper assessment of your suitability to hold a security clearance. This may or may not include access to your full medical records. In such cases, you will be asked to give your consent for this to be done.

If you answer 'yes' to Question 27b, c, d or e below, you will be asked to sign the declaration on page 36. By doing so, you will be giving your consent, under the terms of the Access to Medical Reports Act 1988, for the VMA/OHO/MO to obtain a medical report from your doctor or other specialist, if this is considered necessary. Under the terms of the Act, you have the right to withhold your consent at any stage in the process, but you should be aware that this may mean it is not possible to grant or renew your security clearance.

Once you have given your consent, you have the right to see the medical report before it is supplied to the VMA/OHO/MO. The VMA/OHO/MO will write to tell you that they have requested a report, and you will have 21 days from the date of their letter in which to ask your doctor or other specialist to let you see the report before it is forwarded to them. Your doctor or other specialist will tell you if you cannot see any part of the report for professional medical reasons. If you are given access to your report, it will not be forwarded to the VMA/OHO/MO until you give your consent.

If you think any information in the medical report is incorrect or misleading, you can ask in writing for it to be amended. You should note that if your doctor or other specialist does not accept the information as incorrect or misleading, they do not have to make any amendment. They will however invite you to prepare a written statement on the disputed information, which will be attached to the medical report when it is sent to the VMA/OHO/MO. Subject to the provisions of the Act, you have a right to see the medical report for up to six months after it has been sent to the VMA/OHO/MO. If your doctor or other specialist gives you a copy of the medical report at your request, they may charge you a reasonable fee to cover the cost of supplying it.

Now please answer the following questions about your health. Although it may be taken into account, information provided will not necessarily prevent you having a security clearance.

- a. Are you currently taking any medication?

Yes ☐ No ☐

Certain psychological and medical conditions may have security implications.
- b. Have you suffered at any time from clinical depression, mental illness, nervous breakdown/nervous debility, serious medical or psychological problems?

Yes ☐ No ☐
- c. Do you suffer, or have you ever suffered from any condition that may cause occasional and momentary loss of consciousness, for example epilepsy, insulin-dependent diabetes and certain heart conditions?

Yes ☐ No ☐
- d. Are you currently or have you ever been a habitual user of addictive substances (e.g. drugs or alcohol)?

Yes ☐ No ☐
- e. Are you aware of any health matters not already covered by your previous answers which might affect your suitability for access to sensitive information or assets?

Yes ☐ No ☐

If you have answered 'No' to all the above questions, go to Question 28. You need not sign the next page.

If you have answered 'Yes' to Question 27a only, please give details of your medication below, then go to Question 28. You need not sign the next page.

If you have answered 'Yes' to Question 27b, c, d or e, please give full details below. Complete Questions 27f - 27m, and sign and date the next page where indicated.

Details:



f. Your Surname

g. Your Forename(s)

h. Surname of Your Current General Practitioner/Medical Officer:

i. Title (Dr/Prof etc):

j. Surgery Name:

Address Line 1:

Address Line 2:

Town:

County/Region:

Postcode:

Country:

k. If appropriate, please give details of your hospital specialist below:

Surname of Your Hospital Specialist

l. Title (Dr/Prof etc):

Hospital Name:

Address Line 1:

Address Line 2:

Town:

County/Region:

Postcode:

Country:

m. Hospital Registration Number:  
 (if appropriate)

Signed:

Date: 
 

Day

 / 
 

Month

 / 
 

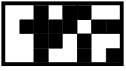
Year

PLEASE READ THIS BEFORE SIGNING

You are only required to sign here IF you have answered 'Yes' to any question from 27b to 27e, inclusive.

By signing this page, you will be giving your consent, under the terms of the Access to Medical Reports Act 1988,for the VMA/OHO/MO to obtain a medical report from your doctor or other specialist, if this is considered necessary. Under the terms of the Act, you have the right to withhold your consent at any stage in the process, but you should be aware that this may mean it is not possible to grant or renew your security clearance.





## 28. Criminal Convictions & Related Matters

**In line with HM Government's policy on vetting on page 3, you must declare any matter which may be relevant.**

**This includes:** any criminal convictions which you may have, including those which are 'spent'. 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 be taken into account where national security is concerned. In Northern Ireland, spent convictions may also be taken into account where protecting public safety or public order is involved. **You must reveal all convictions, whether or not spent, under the legislation.**

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 (page 38) 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.**

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**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 ☐ No ☐

**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 ☐ No ☐

**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 ☐ No ☐

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

**Please enter your full name and sign and date below.**

**Surname:**

**Full Forename(s):**

**Signed:**

**Date:**  /  /

Day Month Year



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

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

**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, significant financial difficulties?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. 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"/> |
| c. 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"/> |

--

Have you completed any previous government security questionnaires or held a security clearance before? Yes ☐ No ☐

**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.**

**Date Completed:**



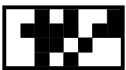
 /

Month                      Year

Have you ever had a security clearance withdrawn or withheld? Yes ☐ No ☐

**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.**

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Level of clearance (e.g DV, SC, CTC): Department, Agency or Firm: Date of withdrawal:  /  /   
Day Month Year

Please give the reason for this:

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

## Financial Information

In the following questions you are being asked to provide a **clear, complete** and **accurate** picture of your current and recent financial situation. This must reflect the situation of anyone who shares financial responsibility with you.

### 32. Your Properties

a. How many properties do you own, or partly own, in the UK or overseas?

b. Details of your properties:

#### Property 1

Address Line 1: Address Line 2: Town: County/Region:  Postcode: Country: Date of Purchase  /  /  Purchase price £   
Day Month YearMortgaged? Yes ☐ No ☐ Current market valuation £ What type of mortgage? Repayment ☐ Interest Only ☐ Flexible ☐ Other ☐ Term of mortgage (in months): 

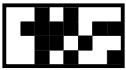
#### Property 2

Address Line 1: Address Line 2: Town: County/Region:  Postcode: Country: Date of Purchase  /  /  Purchase price £   
Day Month YearMortgaged? Yes ☐ No ☐ Current market valuation £ What type of mortgage? Repayment ☐ Interest Only ☐ Flexible ☐ Other ☐ Term of mortgage (in months): 

If you own more than 2 properties, please provide details on the continuation pages.

c. Total of property market valuations, including those on continuation pages (if any) £





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**33. Savings and Other Assets**

a. How much do you (and your partner) have in savings accounts, premium bonds and invested in shares, funds, etc.?

£          

Description of savings/investments:

b. Do you save:

Regularly? ☐Occasionally? ☐Hardly ever? ☐

c. What is the valuation of your (and your partner's) vehicles?

£          

Description of vehicles:

d. What is the valuation of your (and your partner's) other assets, e.g. jewellery, antiques, timeshares?

£          

Description of other assets:

e. Have you ever received a lump sum worth more than £5,000? (e.g. redundancy, pension commutation, inheritance, gift, winnings)

Yes ☐No ☐

Details:

TOTAL OF ALL ASSETS (add Total from Section 32 and amounts given in this section)

£          **34. Mortgages**

a. How many mortgages and secured loans are linked to your properties?

b. Mortgage / loan lenders of property 1:

1st.                 2nd.                

Date of 1st mortgage / loan:

Initial amount:

Balance outstanding:

/

£

£

Month

Year

Date of 2nd mortgage / loan:

Initial amount:

Balance outstanding:

/

£

£

Month

Year

c. Mortgage / loan lenders of property 2:

1st.                 2nd.                

Date of 1st mortgage / loan:

Initial amount:

Balance outstanding:

/

£

£

Month

Year

Date of 2nd mortgage / loan:

Initial amount:

Balance outstanding:

/

£

£

Month

Year

d. Do you have any other mortgages or secured loans in addition to those declared above?  
If 'yes', please give details on the continuation pages.

Yes ☐No ☐

e. Total of mortgage / loan balances outstanding (including any listed on the continuation pages):

£          

f. Have you ever taken a further mortgage advance(s) for any purpose?

Yes ☐No ☐

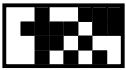
g. Have you ever adjusted the payment terms of your mortgages, e.g. payment holiday?

Yes ☐No ☐

h. Have you ever remortgaged to consolidate your personal debts?

Yes ☐No ☐

If you answer 'yes' to Question 34f, g or h, please give details on the continuation pages.



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**35. Loans**a. How many loan agreements (including student loans but not secured loans listed at Q34) are outstanding? 

b. Please give details below. Use the continuation pages if necessary.

Lender 1:  Purpose: Amount: £  Date taken out:  /  Expiry Date:  /   
Month Year Month YearRepayment: £  Balance outstanding now: £ Lender 2:  Purpose: Amount: £  Date taken out:  /  Expiry Date:  /   
Month Year Month YearRepayment: £  Balance outstanding now: £ c. Total of loan balances outstanding (including any listed on the continuation pages) £ **36. Credit Cards**a. How many credit, store and charge card accounts do you (and your partner) have? 

b. Please give details below.

Issuer:  Type: Credit limit: £  Avg monthly payment: £  Balance outstanding: £ Issuer:  Type: Credit limit: £  Avg monthly payment: £  Balance outstanding: £ Issuer:  Type: Credit limit: £  Avg monthly payment: £  Balance outstanding: £ Issuer:  Type: Credit limit: £  Avg monthly payment: £  Balance outstanding: £ c. Total of balances outstanding (including any listed on the continuation page) £ 

d. Do you transfer balances between credit cards, e.g. 0% interest deals?

Yes ☐ No ☐**37. Current Accounts - Overdrafts**a. How many current accounts were overdrawn in the previous month? 

b. Please give details below. Use the continuation pages if necessary.

Bank:  Branch: Overdraft limit: £  Max. O/D last month: £ Bank:  Branch: Overdraft limit: £  Max. O/D last month: £ c. Total of overdrafts (including any listed on the continuation page) £ d. In the last 5 years, how many times have you exceeded your overdraft limit(s)? **TOTAL OF ALL LIABILITIES (add 34e, 35c, 36c, 37c)**£

### 38. General Circumstances

a. Are you living with someone?

Yes

No

b. If you are living with someone, do they share a financial responsibility with you or make a contribution to your financial situation? If you answered 'yes', it will be necessary to explore the impact of this person's contribution on your financial situation. Please include the requested information in the relevant sections of this form.

Yes

No

c. For whom do you have a financial responsibility, other than yourself (e.g. partner, children, parent)?

Details:

d. What major financial changes to your budget do you anticipate in the next 12 months? (e.g. salary increase, partner returning to work, endowment policy maturing or reduction in hours, partner ceasing work, moving house and increasing mortgage etc)

Details:

e. Have you been the victim of "identity theft" or credit card fraud? If 'yes', please give details.

Yes

No

Details:

### 39. Household Monthly Income

To enable us to assess the household income - please provide a clear picture of all sources of earned and unearned income.

	SELF	OTHER PERSON
a. Current <u>annual</u> salary (gross)	£ <div></div>	£ <div></div>
b. Usual <u>annual</u> bonus (gross)	£ <div></div>	£ <div></div>
c. <u>Annual</u> car allowance (gross)	£ <div></div>	£ <div></div>
d. <u>Monthly</u> net salary (including average bonus and any allowances)	£ <div></div>	£ <div></div>
e. <u>Monthly</u> income from state benefits (e.g. Child Benefit, Family Credit)	£ <div></div>	£ <div></div>
f. <u>Monthly</u> net income from pensions and annuities	£ <div></div>	£ <div></div>
g. <u>Monthly</u> net income from savings and investments averaged)	£ <div></div>	£ <div></div>
h. <u>Monthly</u> income from rented properties	£ <div></div>	£ <div></div>
i. <u>Monthly</u> maintenance received	£ <div></div>	£ <div></div>
j. Total individual <u>monthly</u> incomes	£ <div></div>	£ <div></div>
k. Total joint <u>monthly</u> income	£ <div></div>	

l. Has all income been declared for tax purposes (e.g. rental income)?

Yes

No

If a fuller explanation of your income would be helpful to us, please provide the details below.

Details:

40. Accommodation Charges

a. Do you pay rent for any property?

Yes ☐ No ☐

b. If 'yes', how much (per month)?

£

c. What other costs are you liable for (e.g. service charge, agent's fees, etc.)?

Details:

d. Do you share rent and utility costs with other tenants?

Yes ☐ No ☐

e. Do you receive accommodation free of charge? If 'yes', please give details below.

Yes ☐ No ☐

Details:

41. Household Monthly Outgoings

To enable us to assess the household outgoings, please provide an accurate account of all household expenditure.

MONTHLY COST

a. Mortgage / Rent / Board / Lodging

£

b. Service charge / ground rent / management fees

£

c. Council Tax

£

d. Housekeeping (i.e. food and household necessities)

£

e. Motoring costs (including tax, insurance, petrol & maintenance) / commuting and travel costs

£

f. Utility bills (gas, electricity, oil, water bills, telephones and mobile phones)

£

g. Loan repayments

£

h. Sky / Cable / TV licence / Internet access

£

i. Maintenance payment for children

£

j. Nursery fees / school fees / parental contribution to student costs

£

k.Pensions / insurance (all - excluding car insurance)

£

l. Holidays (average per month of annual costs)

£

m. Entertainment (including sports and gym club memberships, trips out, etc.)

£

n. Other regular commitments (please detail below)

£

Details:

Total of outgoings: £





**Full Name:**

[illegible]

**d. If 'Yes', please provide the following information:**

**Company Name:**

[illegible]

**Company Number:**

[illegible]**Accounting Date:**

--	--	--	--

Day

Month

Year

**If you have answered 'No' to Q44e, f or g, please provide an explanation here**

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**If you have answered 'Yes' to Q44h, i or j, please provide an explanation here**

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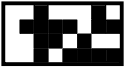
**If you have answered 'Yes' to Q44k, l or m, please provide an explanation here**

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### Details:

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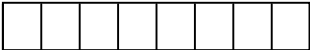
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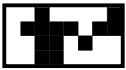


Continuation of Answers

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

Question  
Number





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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.

Question  
Number

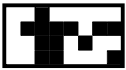


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RESTRICTED (WHEN COMPLETED)



## 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)

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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 38 and (if you answered 'yes' to any question from 27b to 27e inclusive) the Health Declaration on page 36.

When completed, this application form must be returned to your Sponsor. Contractors, please note at page 38 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



(Revised 04/2010)

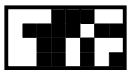
Immediate ☐

HM Government

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**Notification of clearance. To be completed by all Sponsors. (Including HM Forces, Government Agencies and Firms)**

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.

Sponsor's Reference:		Sponsor's ID:	
Name of firm/organisation:			
Address Line 1:			
Address Line 2:			
Town:			
County/Region:		Postcode:	
Country:			
Email:			

**Sponsor's Address (if different from Notification Address)**

Name of firm/organisation:			
Address Line 1:			
Address Line 2:			
Town:			
County/Region:		Postcode:	
Country:			

**For Contractors Only****(Including List X, Consultants and Subcontractors working on government and civil nuclear sites)**

Length of employee's time with the firm: Years   Months

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 ☐

Name of firm/organisation:			
Address Line 1:			
Address Line 2:			
Town:			
County/Region:		Postcode:	
Country:			

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

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

**To whose information will the employee have access ?**

--	--

Site where the employee works or is to work:

Title and type of work: