



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



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 for 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, colease 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														
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														
vou, 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,														
Tick here if you are requesting Immediate clearance signed at the appropriate level.														
If the employee requires this clearance to access classified information from (please specify) NATO/EU/Other countries or international organisations, please tick appropriate box														
3. Your Details														
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 forenames changed at any time since birth? Yes No If 'Yes', go to Question 3i. If 'No', go to Question 3k														
i. Previous forename(s):														
j. Explanation of previous forenames														





k. Date of Birth:]/]/																											
	Day		Mo	onth			Ye	ear		_	ı					_	1	_	I			_			_			_	_	_		$\overline{}$
I. Town of birth:																												L	L			
County / Region:																																
Country:																																
m. Current Grade / Rank Position:																																
n. Current Job Title:																																
o. Staff or Service Nu (if applicable):	mber																															
p. Do you have a UK N	Nation	al In	ısuı	ran	ce N	lum	nbe	r?	Ye	s				No	,													er at at 3				
q. National Insurance Number:		1 []	ls t	his	a te	emp	ora			-			_			-] ı	No	
r. If you do not have a			nal		<u> </u>																											$\overline{}$
Insurance Number (temporary or perma give a brief explana	nent),		ase																													
																										Мо	nth	,	_	Ye	ear	
*s. Present Nationality	y:																					D	ate	fro	m:]/				
*t. Dual Nationality (if	any):																					D	ate	fro	m:]/				
*u. Former Nationality (if any):	′																					D	ate	fro	m:]/				
(ii arry).																						D	ate	to:				/				
* There is a different and advise which co														ho	ld d	or h	eld	citi	zer	ishi	ip r	ath	er t	har	n na	atio	nali	ity,	tick	t he	ere	
v. If British naturalise	d, give	e nu	mb	er a	and	dat	e o	f ce	ertif	fica	te:														-			_				
Number:																				Dat	te:		L		/	Ma	onth]/			ear	
w. If non-UK National	. date	of ta	akir	na u	ם מו	erm	nan	ent	res	side	enc	e ir	ı Ul	(:						Dat	٠		Г	ay T	1 /	IVIC		1 /	Г		zai	
(This is not necessar															the	e Ul	〈)			Dai	le.		L	ay	/	L_	nth] /	_	Ye		
x. Full permanent add	lress:	Sind	се				/																D	ay		IVIC	ııuı			16	zai	
House/Flat number:		1	Ι	1	Mon	th ous	O 150	-	<u> </u>	Yea	ır	_	Τ		Π	Π		Π			<u> </u>	Π	Π	Г	Π	Г		_	_			
		<u> </u>		<u>]</u>	п(П	Jus	e n	aiii	e. 				<u> </u>	 		<u> </u>		<u> </u>	<u> </u>			<u> </u>						L		\sqsubseteq	<u> </u>	
Street: District:		<u> </u>		<u> </u>								<u> </u>				<u> </u>		<u> </u>				<u> </u>		<u> </u>		<u> </u>	L					
		<u> </u>										<u> </u>	<u> </u>						 								<u></u>	L	L			_
Town:		<u> </u>	<u> </u>	<u> </u>								<u> </u>	<u> </u>															Ļ	L			
County / Region:												L										Po	osto	cod	e:	L	<u>_</u>	L	L			
Country:																																
y. Have you within the	last 5	yea	ars:																													
Lived at any other a	addres	ses	in	the	UK	?									•	Yes	;			1	No											
Lived outside the U																						_										
	IK for	mor	e th	nan	12	moı	nth	s at	a	tim	e?				,	Yes	•			1	Νo											

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





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
- 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.







Previous Address

Previous Address	F	Froi	m:				/]		То	L		-41-	,	/											
House/Flat number:				M	onth H	ous	se n	am		ear			T		Τ	Mo	nth			Ye	ear					Τ		Τ		
Street:													İ		Ì												Ť	Ť		
District:													İ		Ī											Ī	Ī	Ì	İ	
Town:													İ		Ť											T	Ť	Ť		
County / Region:													İ		Ť						Po	sto	od	e:			Ť	Ť	Ì	
Country:														Ī												Ī	Ī			
Previous Address																														
Previous Address	F	Froi	m:	M	onth		/		Y	ear]		То	L	Mo	nth] ,	/	Ye	ear									
House/Flat number:]		ous	se n	am		-					T												T	T		
Street:															Ī												T	Ī		
District:																	•										Ī			
Town:															Ī											Ī	Ī	Ì		
County / Region:																					Po	osto	od	e:		Ī	Ī			
Country:																											Ī			
Previous Address																														
Previous Address	F	Froi	m:				/							To	. [,	/											
				Ь.	٠.	_	-	_	-	_		J			L			•					•							
House/Flat number:				M	onth Ho	ous	se n	am		ear	•	, 	Т			Мо	nth			Υe	ear					Τ	1	Τ		1
				_ Мо		ous	se n	am		ear				<u> </u>		Мо	nth			Ye	ear						<u>T</u>	<u>T</u> T		I
House/Flat number:				M		ous	se n	am		ear			I	I I		Mo	nth			Ye	ear				I I		T T	<u>T</u> T		
House/Flat number: Street:				Mo		ous	se n	ame		ear						Mo	nth			Ye	ear						T T T	 		
House/Flat number: Street: District:				Mo		Dus	se n	ame		ear						Mo	nth			Ye		osto	od	e:						
House/Flat number: Street: District: Town:				Me		Dus	se n	am		ear						Mo	nth			Ye		osto	eod	e:						
House/Flat number: Street: District: Town: County / Region:				Me		Dus	se n	ame		ear						Mo	nth			Ye		psto	cod	e:						
House/Flat number: Street: District: Town: County / Region: Country:	F	Froi	m:	Me		ous	se n	am		ear				То		Mo	nth			Ye		postco	eod	e:						
House/Flat number: Street: District: Town: County / Region: Country: Previous Address Previous Address	F	Froi	m:		Ho			amo	P: Ye	ear				To:		Mo						psto	:cod	e:						
House/Flat number: Street: District: Town: County / Region: Country: Previous Address	F	Froi	m:		Ho				P: Ye					To:							Po	o sto	:od	e:						
House/Flat number: Street: District: Town: County / Region: Country: Previous Address Previous Address House/Flat number:	F	Froi	m:		Ho				P: Ye					To:					/		Po	osto	cod	e:						
House/Flat number: Street: District: Town: County / Region: Country: Previous Address Previous Address House/Flat number: Street:	F	Froi	m:		Ho				P: Ye					To:					/ 		Po	osto	cod	e:						
House/Flat number: Street: District: Town: County / Region: Country: Previous Address Previous Address House/Flat number: Street: District: Town:	F	Froi	m:		Ho				P: Ye					To:					/		Po	osto osto								
House/Flat number: Street: District: Town: County / Region: Country: Previous Address Previous Address House/Flat number: Street: District:	F	Froi	m:		Ho				P: Ye					To:							Po									

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



4. Your Contact Do	etails	5																														
a. Home Telephone:																																
b. Work Telephone:																					E	xt.										
c. Military Dialling Cod	le/GT	N:																														
d. Mobile:																																
e. E-mail:				PI	ease	e lis	st a	II e	-ma	ail a	addr	ess	es t	that	yοι	ı ha	ve,	usi	ing	the	con	tinu	atio	n p	age	es i	f ne	ces	sar	y.		
(1)																																
(2)																																
(3)																																
f. If we need to contac	t you,	do	you	ı wi	sh to	o b	ес	on	tact	ted	l at:	٧	Vor	k [Н	lom	е [ır pr gua			ce b	out
g. Please enter your w	ork a	ddre	ess:	!																	un	15 G	ai ii i	Ol a	iiwa	ıys	ne (yua	Ian	iee	u	
Name of Employer:		T		Γ						Π								Γ														
Address Line 1:		1	<u> </u> 							<u> </u>		<u> </u>		<u> </u>				<u> </u>										<u> </u>				
Address Line 2:		<u> </u>	<u> </u>	<u> </u>						<u>L</u>		<u> </u>		<u> </u>				<u> </u>										<u> </u>			<u> </u>	
		<u> </u>	<u> </u> 									<u> </u>		<u> </u>				<u> </u>										<u> </u>			<u> </u>	
Town:		<u> </u>	 											<u> </u>				<u> </u>														
County / Region:		<u> </u>																		Ш		Po	sto	od	e:							
Country:																																
5. Marriage and pa	rtno	reh	ine	•																												
o. marriage and pe		1311	ıps	•																												
a. Are you currently or partnership under th	have	you	ı pr	evic						arı	ried	or ((b)	reg	iste	red	l a	civi	I				Y	'es	[N	lo			
a. Are you currently or	have e Civ	you il Pa	ı pro	evic ers	hip A	Act	20	041	?				-							1 5c.			Y	'es				N	lo			
a. Are you currently or partnership under th	have le Civ	yοι il Pa e giv	ı pro artno ve do	evic ers	hip A	Act	20	041	e u ar			ed N	-	olea		go t				n 5c.			Y	'es				N	lo			
a. Are you currently or partnership under the If you answered Yes,	have le Civ	yοι il Pa e giv	ı pro artno ve do	evic ers	hip A	Act	20	04 ′	e u ar		were	ed N	-	olea	se (go t				n 5c.			Y	'es				N	lo			
a. Are you currently or partnership under the lf you answered Yes, Date of marriage / re	have le Civ	yοι il Pa e giv	ı pro artno ve do	evic ers	hip A	Act	20	904′ yo	e u ar		were	ed N	-	olea	se (go t				5c.			Y	'es					lo			
a. Are you currently or partnership under the lf you answered Yes, Date of marriage / re Town:	have le Civ	yοι il Pa e giv	ı pro artno ve do	evic ers	hip A	Act	20	904′ yo	e u ar		were	ed N	-	olea	se (go t				1 5c.			Y	es .				N	lo			
a. Are you currently or partnership under the lf you answered Yes, Date of marriage / re Town: County / Region: Country: If more previous ma	have ne Civ please gistra	you partial your your your your your your your your	ı prove de	eviders!	hip A	Act	# 20 w. If	yo Day	u ar	/ [Mon	th	o, p	blea	Se (go t	o q	ues	tior			on			ntir	nua	tior			ts		
a. Are you currently or partnership under the lif you answered Yes, Date of marriage / ref Town: County / Region: Country: If more previous mat (pages 23 and 24) b. Have you ever been	have ne Civ please gistra	you just partial your partial your your partial your part	u preartnere de de la contra del contra de la contra del la contra de la contra de la contra de la contra de la contra de la contra de la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra dela contra del la contra del la contra del la contra del la contra	eviders etai	ship /	elov es r	: 20 w. If	Day	u ar	nsv / [k h	Mon	ed N	arrsh	olea	Yea nte	go t	o q	tion?	aal (deta	iils	on	the		ntir	nua	tion	n sh		ts		
a. Are you currently or partnership under the If you answered Yes, Date of marriage / ref Town: County / Region: Country: If more previous mat (pages 23 and 24) b. Have you ever been If you answered Yes,	have ne Civ please gistra rriage divoi please	you give ation	properties of the properties o	evicersi etai ner epai	ship /	es r	z 20 w. If	Day	u ar	nsv / [k h	Mon	ed N	arrsh	olea	Yea nte	go t	o q	tion?	aal (deta	iils	on	the	со	ntir	nua	tior	n sh	neet	ts		
a. Are you currently or partnership under the lif you answered Yes, Date of marriage / ref Town: County / Region: Country: If more previous mat (pages 23 and 24) b. Have you ever been	have ne Civ please gistra rriage divoi please	you give ation	properties of the properties o	evicersi etai ner epai	ship /	es r	z 20 w. If	Day	ticl	nsv / [k h vil nsv	Mon	tthe ed N	arrsh	nd e	Yea nte	go t	o q	tion?	aal (deta	iils	on	the	со	ntir	nua	tior	n sh	neet	ts		
a. Are you currently or partnership under the If you answered Yes, Date of marriage / ref Town: County / Region: Country: If more previous mat (pages 23 and 24) b. Have you ever been If you answered Yes,	have ne Civ please gistra rriage divoi please aratic	you iil Pa e giv attion ss/p	properties of the properties o	ner etai	ship //	elov	ti 200 w. If	Day Day Day Day Day	ticl	nsv / [k h vil nsv	Mon par were Mon Mon Mon Mon Mon Mon Mon Mon Mon Mon	ttnered N	o, ; / [an	nd e	nte	r accolve	o q	tion?	aal o	deta	iils		the	co				n sh	neet	ts		
a. Are you currently or partnership under the If you answered Yes, Date of marriage / ref Town: County / Region: Country: If more previous mat (pages 23 and 24) b. Have you ever been If you answered Yes, Date of Divorce, Sep If divorced, court at	have ne Civ please gistra rriage divoi please aratic	you iil Pa e giv attion ss/p	properties of the properties o	ner etai	ship //	elov	ti 200 w. If	Day Day Day Day Day	ticl	nsv / [k h vil nsv	Mon par were Mon Mon Mon Mon Mon Mon Mon Mon Mon Mon	ttnered N	o, ; / [an	nd e	nte	r accolve	o q	tion?	aal o	deta	iils		the	co				n sh	neet	ts		
a. Are you currently or partnership under the If you answered Yes, Date of marriage / ref Town: County / Region: Country: If more previous mat (pages 23 and 24) b. Have you ever been If you answered Yes, Date of Divorce, Sep If divorced, court at	have e Civ please gistra divoi please aratic which orces	you il Pare give e give	para	ner etai	ship // ship /	es pos pos pos pos pos pos pos pos pos po	blea	Day Day Day Day Cre	ticl	nsv / [k h vil nsv / [Mon Mon Mon Mon Mon Mon Mon Mon	ttneid N	o, 	olea	yea nte	olve	ed'	tion?	nal (deta	ails	sso	the	co es	our	rt at	t wh	n sh	neet	ts		

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)

Page 5



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

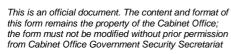
	Jetaiis About														•																			
died incl she If yo	se enter details for from whom udes more than ets (pages 23 ar u have any othe government er	you one nd 24 er inf	have part l) in orm	e se tner the atio	pai du sa n v	rated Iring me f vhic	d (i g th form th y	ncl e la mat ou	udi ast as fee	ng 3 ye be I m	dive ears low ay	orc s pl '. be a	e o eas	r th se t rop	e d ick oria	iss her te (olu e [e.g	tio	n of an you	id e ur p	civi nte art	il p er a ne	art add r al	nei litic	sh ona ady	ip) Il de ho	in t etai Ids	he l	ast n tl	3 ye ne co	ars onti	. If the	his tion	1
lf yo	u do <u>not</u> know	full d	letai	ls o	f th	is ii	ndi	vid	ual,	ple	eas	e ti	ck I	her	e: [
Plea	se give explanat	ion:																																
a. S	urname (now):																		b.	Titl	e (Mr	/Mr	s/N	/Is/	Mis	s/D	r/Pr	of/	Rev)	:[\mathbb{L}		
c. S	urname (birth):									Ī												d.	Se	x:				Ma	le		F	ema	ale	
e. A	ny Other Surnaı	me(s) use	ed:	1	. [<u> </u>	 	T	Ť	 	1	Т	<u> </u>										
			•		2]] (<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>										
						l																												
	planation of dif g. marriage, de					es																												
g. F	ull forename(s):	:	Г																											Т		\Box	T	Π
h. H	ave your partne	er's fo	oren	ame	es (char	nge	ed a	t ar	ıy t	ime	siı	nce	biı	rth?	?												Yes	;			No)	
i. Pr	evious forenam	e(s):																														\Box		
-	planation of pro renames	eviou	IS																															
k. D	ate of Birth:			Day]/	Mo	nth]/		Y	ear]		lf :	ado	pte	ed,	dat	e o	fac	dop	otic	n:		Day]/	Mo	onth]/[Year		
l. To	wn of birth:																																	
Co	ounty / Region:																																	
Co	ountry:																																	
	your partner helease tick here		a Na	atior	nal	Sec	uri	ty \	/ett	ing	Cle	eara	anc	e (I	Dev	elo	ped	V b	etti	ng,	Se	cu	rity	/ CI	hed	ck c	or C	oun	iter	Ter	rori	st Cl	тес	k),
n. P	resent National	ity:																																
o. D	ual Nationality	(if any	/):																			Ī												
p. F	ormer Nationali	ity (if	any):	:																														
	here is a differe d advise which															/ ho	ld (or I	nelo	d ci	tize	ens	ship	o ra	ath	er t	har	n nat	tior	ality	/, tic	ck he	ere	

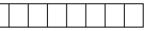






q. If British naturalised give number and date		cer	tifica	ite:						Nu	mbe	r: [\Box
							- 1				Date	:			/			1		Ť	Ħ								
															Ll ay	,	L	nth	,	Ye	ar								
r. If non-UK National,																							/			/			\neg
(This is not necessar	This is not necessarily the same as the date of the permission to stay in the UK) Date of death (if applicable)																D	ш ay	•	Mo	nth	1 -	Ye	ar	_				
s. Date of death (if app																			/			/							
	_																		•		D	ay		Мо	nth		Ye	ar	_
t. Partner's occupation	ո։ [
u. Please enter your p	artne	er's	curre	ent	per	maı	nen	t ad	dre	ss b	elow	/ :																	
Full permanent addr	ess:	Sin	се			/	/																						
		_		Mo 1	onth				Ye:	ar						_	_	_	1						ı		П		\neg
House/Flat number:	Щ				Н	ous	e na	ame	: [_		<u>_</u>														╛
Street:																													
District:																													
Town:																													
County / Region:																				P	osto	code	e:						
Country:																													
v. Has your partner or	forn	ner p	partn	er v	with	nin t	the	last	5 y	ears	:																		
Lived at any other a														Ye	S				No										
Lived outside the U	K fo	· mo	re th	nan	12	moı	nths	s at	a ti	me?				Ye	S				No										
																_		_		-	╌.								
If you answered Yes	s, en	ter f	ull d	etai	ils,	with	h da	ites,	, in	date	ord	er to	CC		he	wh	ole	5 y	ear	peri	iod	belo	ow.						
If you answered Yes Previous Address	s, en			etai	ils,	with	h da	ites,	, in	date	ord	er to	cc		he	wh	nole	5 y	ear	peri	iod	belo	ow.	•					
	s, en		ull d			with	h da	ites,			ord		То	ver i			nole	5 y			iod	belo	ow.	•					
Previous Address Previous Address					onth] ,	/		Ye		ord			ver i	the			5 y		peri	iod	belo	ow.	•					_
Previous Address Previous Address House/Flat number:					onth] ,	/	ame	Ye		ord			ver i			/ /	5 y			iod		ow.	- 					_
Previous Address Previous Address House/Flat number: Street:					onth] ,	/		Ye		ord			ver i			/ 	5 y			iod		ow.						
Previous Address Previous Address House/Flat number:					onth] ,	/		Ye		ord			ver i			/ 	5 y			iod		ow.						
Previous Address Previous Address House/Flat number: Street:					onth] ,	/		Ye		ord			ver i			/ 	5 y			iod		ow.						
Previous Address Previous Address House/Flat number: Street: District:					onth] ,	/		Ye		ord			ver i			/	5 y		/ear									
Previous Address Previous Address House/Flat number: Street: District: Town:					onth] ,	/		Ye		ord			ver i			/ 	5 y		/ear									
Previous Address Previous Address House/Flat number: Street: District: Town: County / Region:					onth] ,	/		Ye		ord			ver i			/ /	5 y		/ear									
Previous Address Previous Address House/Flat number: Street: District: Town: County / Region: Country:		Fre			onth] ,	/		Ye		ord			: [/	5 y		/ear									
Previous Address Previous Address House/Flat number: Street: District: Town: County / Region: Country: Previous Address Previous Address		Fre	om:	Mo	onth] ,	/		Ye	ar	ord		To	: [/	5)		/ear									
Previous Address Previous Address House/Flat number: Street: District: Town: County / Region: Country: Previous Address		Fre	om:	Mo	Honth	ous:	e na		Yez	ar	ord		To	: [flont		/	5)		/ear									
Previous Address Previous Address House/Flat number: Street: District: Town: County / Region: Country: Previous Address Previous Address		Fre	om:	Mo	Honth	ous:	e na	ame	Yez	ar	ord		To	: [flont		/	5)		/ear									
Previous Address Previous Address House/Flat number: Street: District: Town: County / Region: Country: Previous Address Previous Address House/Flat number:		Fre	om:	Mo	Honth	ous:	e na	ame	Yez	ar	ord		To	: [flont		/	5)		/ear									
Previous Address Previous Address House/Flat number: Street: District: Town: County / Region: Country: Previous Address Previous Address House/Flat number: Street:		Fre	om:	Mo	Honth	ous:	e na	ame	Yez	ar	ord		To	: [flont		/	5)		/ear									
Previous Address Previous Address House/Flat number: Street: District: Town: County / Region: Country: Previous Address Previous Address House/Flat number: Street: District:		Fre	om:	Mo	Honth	ous:	e na	ame	Yez	ar	ord		To	: [flont		/	5)		Pe Cear			e:						









Previous Address Previous Address From: To: Month Year Month Yea House/Flat number: House name: Street: District: Town: Postcode: County / Region: Country: 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: 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

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



j. Date of Birth:]/			/																										
k. Town of birth:		Day		Mo	nth			Y	ear	Π		Π																	\neg	\neg	П	
County / Region:	F	<u> </u>						<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>															Ш		井	井	<u> </u>	
, ,	F	<u> </u>							<u> </u>		<u> </u>		<u> </u>														믬		井	井	_	
Country:		_																									\sqsubseteq	\sqsubseteq	ᆜ	ᆜ		
*I. Present Nationality:																													<u>_</u>			
*m. Dual Nationality (if a	any):																															
*n. Former Nationality (if any)	:																														
* There is a difference here and advise w																		or	held	d ci	tize	ens	hip	rat	her	tha	an r	natio	ona —	lity	, tic	:k
o. If British naturalised																												_		_		
give number and date		erti	fica	te:							Nu	mb	er:														Ш	Ш		$\underline{\perp}$		
																				0	ate):	Di	ay	/	Moi	nth	/[Ye	ar	
p. If non-UK National, d																				C	ate):			/			/				
(This is not necessarily	the s	sam	e as	s the	e da	ate	of tl	he p	err	niss	sion	to	stay	/ in	the	UK)						D	ay		Мо	nth			Ye	ar	
q. Occupation:																																
and enter your father Full permanent addre				ni a		onth]	/	v .	T Y	ear																					
House/Flat number:]	Н	ous	se r	nam	ne:																							
Street:																																
District:																																
Town:																																
County / Region:																						Po	osto	od	e:							
Country:																																
s. Date of death (if appl	licabl	e)																							/			/[
8. Details About Yo If you do <u>not</u> know full								oth	or i	nla:	260	tic	k h	oro:		1							Di	ay		Мо	ntn			Yea	аг	
Please give explanation:		13 0	ı yo	, di i	ııaıı	ura		-	CI,	pic	<u> </u>																					
a. Surname (now):]	b. 7	Γitle	e (M	r/N	lrs/	Ms/	/Mis	ss/E)r/P	rof	/Re	v):				
c. Surname (birth):		Ī																										•				

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



d. Any Other Surname	e(s) use	d:	1.																											
			2.																											
e. Explanation of diffe (e.g. marriage, deed			mes		•		•			•	•	•	•																	
f. Full forename(s):																														
g. Have your mother's	forena	mes	s ch	ange	ed a	t an	y ti	me	sin	ce b	irth	?	Y	es				No)]									
h. Previous forename	(s):																													
i. Explanation of previ forenames	ious																													
j. Date of Birth:	D	ay	/[Month]/		Ye	ar																						
k. Town of birth:			T	Violitai																										
County / Region:		İ		Ì					İ	Ì	İ																			司
Country:																														
*I. Present Nationality	: [
*m. Dual Nationality (if	any):																													
*n. Former Nationality	(if any):																													
				_				_								_			•											
* There is a different tick here and a	ce betw dvise w																	eld	CIt	izer	nshi	ıp ra	atn —	er t	har	n na	itio	nali	ity,	_
																		eld	CIT	izer	nshi	ip ra	atn	er t	har	n na	itioi	nali	ity,	
o. If British naturalise	dvise w	hich	ı co	untr					/ hel	d ci		nshi						eld	Citi	izer	nshi	ip ra	atn	er t	har	n na	itio	nali	ity,	
tick here 🗌 and a	dvise w	hich	ı co	untr					/ hel	d ci	itize	nshi							eate		nshi		/ 	er t	har	n na	itio		ity,	
o. If British naturalise	dvise w	hich	ı co	untr					/ hel	d ci	itize	nshi										ay			onth	/	itio	Ye		
o. If British naturalise give number and da	d, te of ce	ertifi	cate	untr	perm	nane	hol	res	/ hel	Num	itize	K:	ip ir	n, aı	nd d			D		 						/	itio!			
o. If British naturalise give number and da	d, te of ce	ertifi	cate	untr	perm	nane	hol	res	/ hel	Num	itize	K:	ip ir	n, aı	nd d			D	ate	 		ay	/ /	Md		/			ear	
o. If British naturalise give number and da p. If non-UK National, (This is not necessar	d, te of ce	hich ertifi	cate	untr :: up p	oerm date	nane of t	ent	res	ider miss	Num	in U	: K:	the the	e Uł	And C	date	es:	D D	eate	::	Da Da	ay	/	Mo	onth onth	/ /		Ye	aar	
o. If British naturalise give number and da p. If non-UK National, (This is not necessar	d, te of ce date of illy the s	hich ertifi	cate	untr ::::::::::::::::::::::::::::::::::::	oerm date	nane of t	hol	res	ider miss	Num	in U	: K:	the the	e Uł	And C	date	es:	D D	eate	::	Da Da	ay	/	Mo	onth onth	/ /		Ye	aar	
o. If British naturalise give number and da p. If non-UK National, (This is not necessar q. Occupation: r. Please enter your m	d, te of ce date of illy the s	f take	ing as	up p	oerm date	nane of t	hol	res	ider miss	Num	in U	: K:	the the	e Uł	And C	date	es:	D D	eate	::	Da Da	ay	/	Mo	onth onth	/ /		Ye	aar	
o. If British naturalise give number and da p. If non-UK National, (This is not necessal q. Occupation: r. Please enter your mand enter your mot	d, te of ce date of illy the sher's la ress: Si	f take	ing as	untr	oerm date	nand of t	hol	res peri	ider miss	Num	in U	: K:	the the	e Uł	And C	date	es:	D D	eate	::	Da Da	ay	/	Mo	onth onth	/ /		Ye	aar	
o. If British naturalise give number and da p. If non-UK National, (This is not necessar q. Occupation: r. Please enter your mand enter your mot Full permanent additional and an and an and an and an and an and an and an and an and an and an and an and an and an and an and an and an and an an and an an an and an an an an an an an an an an an an an	d, te of ce date of illy the sher's la ress: Si	f take	ing as	untr	oerm date	nand of t	hol	res peri	ider miss	Num	in U	: K:	the the	e Uł	And C	date	es:	D D	eate	::	Da Da	ay	/	Mo	onth onth	/ /		Ye	aar	
o. If British naturalise give number and da p. If non-UK National, (This is not necessar q. Occupation: r. Please enter your mand enter your mot Full permanent additional thouse/Flat number:	d, te of ce date of illy the sher's la ress: Si	f take	ing as	untr	oerm date	nand of t	hol	res peri	ider miss	Num	in U	: K:	the the	e Uł	And C	date	es:	D D	eate	::	Da Da	ay	/	Mo	onth onth	/ /		Ye	aar	
o. If British naturalise give number and da p. If non-UK National, (This is not necessar q. Occupation: r. Please enter your mand enter your mot Full permanent additional to the content of the conten	d, te of ce date of illy the sher's la ress: Si	f take	ing as	untr	oerm date	nand of t	hol	res peri	ider miss	Num	in U	: K:	the the	e Uł	And C	date	es:	D D	eate	::	Da Da	ay	/	Mo	onth onth	/ /		Ye	aar	
o. If British naturalise give number and da p. If non-UK National, (This is not necessard). (This is not necessard). (The second property of the second property	d, te of ce date of illy the sher's la ress: Si	f take	ing as	untr	oerm date	nand of t	hol	res peri	ider miss	Num	in U	: K:	the the	e Uł	And C	date	es:	D D	eate	: ple	Da Da	ay ay pro	/ / ovi	Mo	onth onth	/ /		Ye	aar	
o. If British naturalise give number and da p. If non-UK National, (This is not necessard). (This is not necessard). The second of the second	d, te of ce date of illy the sher's la ress: Si	f take	ing as	untr	oerm date	nand of t	hol	res peri	ider miss	Num	in U	: K:	the the	e Uł	And C	date	es:	D D	eate	: ple	Da	ay ay pro	/ / ovi	Mo	onth onth	/ /		Ye	aar	

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



s. Date of death (if applic	cable)]/]/				
t. Do you have any other parents, adoptive parents, step-parents or legal guardians? Please Yes No No 19. Details of other Parents, Adoptive Parents, Foster Parents, Step-Parents or Legal Guardians																														
f you do <u>not</u> know full details of this individual, please tick here:																														
· —																														
f you do not know full details of this individual, please tick here: Please give explanation: a. Relationship:																														
a. Relationship:	a. Relationship:																													
b. Date of adoption (if ap	plica	able	·):	D	ay	/[Mont	/ .h	<u> </u>		'ear				с.	Title	e (N	lr/N	Irs/	Ms	/Mis	ss/C	r/P	rof	/Re	v):		L		
d. Surname (now):																														
e. Surname (birth):																														
f. Any Other Surname(s)	used	1:	1.																											
			2.																											
g. Explanation of differer (e.g. marriage, deed po			mes																											
h. Full forename(s):																														
i. Have this individual's f	oren	ame	es cl	hanç	ged a	at aı	ny t	ime	sin	ce l	oirt	n?		Ye	s]		No											
j. Previous forename(s):																														
k. Explanation of previou forenames	us																													
I. Date of Birth:	Da	ay	/ [/lonth]/		Yea	ar												_										
m. Town of birth:																														
County / Region:																														
Country:																														
*n. Present Nationality:																														
*o. Dual Nationality (if any	y): [
*p. Former Nationality (if	any):																													
* There is a difference tick here and adv																		hel	d c	itiz	ens	hip	rat	her	tha	an r	nati	ona	lity	,

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







q. If British naturalised give number and da		ertifi	icate	٠.				N	umb	er:																		
givo namboi ana da			l							Dat	·				/			<u> </u>	Ť	÷	$\overline{\Box}$							
																	Da	ic.		D:	 av	/	Mo	nth	<i>/</i> L		 Year	
r. If non-UK National, (This is not necessar												the	UK	()			Dat	te:		Da		/	Mo	nth	/[Year	
s. Occupation:																												
t. Please enter the ind death and enter thei							add	ress	belo	w: I	f the	e in	div	idua	al i	s de	ece	ase	d,	plea	ase	pro	ovid	le tl	ne d	ate	of	
Full permanent addr	ess: S	ince)			/																						
House/Flat number:			\neg		onth	e nar	no:	Yea	r T			1	_											- 1	$\overline{}$	_	\top	$\overline{}$
nouse/Flat Hulliber.		Ш	4		ious	e man	ile.	Щ	<u> </u>					_									Щ			<u> </u>	<u> </u>	퓌
Street:																												
District:																												
Town:																												
County / Region:																			Po	sto	ode	e :						
Country:																												
u. Date of death (if ap	plicab	le)																				/			/[
10. Details of othe If you do not know full Please give explanation	l detai			_						_	are	ent	s, :	Ste	∍ p-	·Pa	rei	nts	or	Le	ega	1 6	Sua	ırdi	ans	S		
a. Relationship:																												
b. Date of adoption (if	applic	able	e):		Day	/	onth]/[Y	ear				c. T	Γitle	e (IV	1r/N	Irs/	Ms	Mis	ss/D	r/P	rof	/Re	v): [
d. Surname (now):																												
e. Surname (birth):																												
f. Any Other Surname	(s) use	d:	1.																									
			2.																									
g. Explanation of diffe (e.g. marriage, deed			ımes	i .																								
h. Full forename(s):																												
i. Have this individual	s fore	nam	es c	hang	jed a	at any	tim	e sin	ce b	irth	?	•	Yes	6				No										
j. Previous forename(s	s):																											
k. Explanation of prev forenames	ious																											

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



I. Date of Birth:		Day]/	Mo	nth	/		Yea	ar																						
m. Town of birth:																															
County / Region:																															
Country:																															
*n. Present Nationality	:																														
*o. Dual Nationality (if a	any):									T																					
*p. Former Nationality	(if any	·):																													
*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, Number:															', 																
q. If British naturalised give number and date		cert	ifica	ate:						N	lum	nber:																			
J																				ate):			/]/	Γ	Ī		
r. If non-UK National, (This is not necessar														the	· Uŀ	۲)			C	Oate	: :		Day Day	/		onth]/			ear ear	
s. Occupation:																															
t. Please enter the ind	ividua	al's	cur	rent					ddr	ess	be	low:	lf th	e in	div	idι	ıal i	s d	ece	ease	ed,	ple	ase	pr	ovi	de 1	the	da	te c	of	
death and enter the		t kn		า ad	dre	SS	belo	w.																							
	ir last		owr	n ad		ss onth	belo] /	w. / [Yea	ar																				
death and enter the	ir last		owr	n ad	Mo	onth	belo] / se na	' [) e: [Yea	ar																	Ι		Ι	
death and enter the Full permanent addr	ir last		owr	n ad	Mo	onth] /	' [ə: [Yea	ar											I I						<u> </u>			
death and enter the Full permanent addr	ir last		owr	ad	Mo	onth] /	' [e: [Yea	ar																				
death and enter the Full permanent addr House/Flat number:	ir last		owr	ad	Mo	onth] /	' [): 	Yea	ar																				
death and enter the Full permanent addr House/Flat number: Street: District:	ir last		owr	n ad	Mo	onth] /	' [) 	Yea	ar I										P	oste	cod	e:							
death and enter the Full permanent addr House/Flat number: Street: District: Town:	ir last		owr	n ad	Mo	onth] /	' [e: [Yea	ar										P	osto	cod	e:							
death and enter the Full permanent addr House/Flat number: Street: District: Town: County / Region:	ess:	Sinc	owr	an add	Mo	onth] /	' [e: [Yea	Ar I										P	osto	cod	e:							
death and enter the Full permanent addr House/Flat number: Street: District: Town: County / Region: Country:	ess:	Sind	owr ce		Mo	onth] /	' [ə: [Yea	ar										P		cod	e:	Md	Donth			Y	l l l l l l l l l l l l l l l l l l l	
death and enter the Full permanent addr House/Flat number: Street: District: Town: County / Region: Country: u. Date of death (if apple) 11. Employment in a. Are you now, or have	ess:	Since Since	owr ce	es	Mc He	ner	sse na	/ [HM	1 Fo	rce										P		Day	e:	Mo		 		The state of the s		
death and enter the Full permanent addr House/Flat number: Street: District: Town: County / Region: Country: u. Date of death (if apple) 11. Employment in a. Are you now, or have lif you answered 'no' permanent and the street in the street	ess:	Sind	owr ce	es	Mc He	ner	sse na	/ [HM	1 Fo	rce					de	tails	s be	l		P		Day Ye	/ es	Ma	Donth			No	de la companya della companya della companya de la companya della	
death and enter the Full permanent addr House/Flat number: Street: District: Town: County / Region: Country: u. Date of death (if apple) 11. Employment in a. Are you now, or have lif you answered 'no' person to the policy of t	ess:	Sind Die) For a every go in	owr Drce er b	es	Mc He	ner	sse na	/ [HM	1 Fo	rce				jive	ſ	ttails	s be	elow]	P		Day Ye	/	Md C	Donth				de la companya della companya della companya de la companya della	
death and enter the Full permanent addr House/Flat number: Street: District: Town: County / Region: Country: u. Date of death (if apple) 11. Employment in a. Are you now, or have lif you answered 'no' permanent and the street in the street	ess:	Sind Die) For a every go in	owr ce	es	Mc He A n a n a n	ner	se na	/ [HM	1 Fo	rce					ſ	tails		elow		P		Yo Yo	/ es	Mc C	Donth			No	(ear	
death and enter the Full permanent addr House/Flat number: Street: District: Town: County / Region: Country: u. Date of death (if apple) 11. Employment in a. Are you now, or have lif you answered 'no' person to the policy of t	olicate HM re you lease erving	Sind Die) Four every go in a control of the contr	owr Drce er b	es	Mc He A n a n a n	ner 12	se na	/ [HM	1 Fo	rce				jive	ſ			How	 	P		Yo Yo	/ es	Mc	Donth			No	dear	

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



12. 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	v, o	r ha	ve :	you	ı ev	er	bee	n e	mp	loy	ed,	by	any	y of	the	e ak	ov	e?						١	'es	[N	lo		
If you answered 'no' plea	se (go to	o Q	ues	stior	า 13	3. If	yοι	ı ar	ISW	ere	d 'y	es'	plea	ase	giv	e de	etai	ls b	elo	W.											
b. Present or most recen organisation:	t																															
c. Dates of Service:		F	ron	n:			41-	/								T	o:		onth]	/			ear]						
d. Grade now or on leavi	ng:					Mon	tn				Ye	аг						IVIC						eai								
13. Your Present Em	plo	oym	ner	nt																												
To be completed if you a	re N	тои	cu	rre	ntly	er /	npl	oye	d ir	ı HI	M F	orc	es	or l	нМ	Go	ver	nm	ent	Se	rvi	ce.										
a. Are you presently emp	loy	ed?																						١	'es	[N	lo		
If you answered 'yes' ple	ase	give	e pr	ese	ent	em	ploy	/me	ent d	deta	ails	bel	ow.	If y	ou a	ans	wer	ed	'no'	ple	ease	e go	to	que	stio	n 1	4.					
b. Name of employer:																																
c. Address of employer:																																
Address Line 1:																																
Address Line 2:																																
Town:																																
County/Region:																						F	ost	co	de:							
Country:																																
d. Telephone:																																
e. Surname of Immediate	Su	perv	visc	or:																												
f. Forenames of Immedia	te S	Supe	ervi	sor	:																											
g. Immediate Supervisor	's jo	ob ti	itle:	: [
h. Immediate Supervisor' address (if known):	's e	-ma	il																	Τ	Τ											
,																																
i. How long have you bee	en s	upe	ervi	sed	l by	th/	is iı	ndiv	vidu	ıal:																						
If your answer is less than continuation pages to give													pre				oye		r at			nat	lenç	jth (of tii	me,	ple	ase	us	e th	e	
j. Your current job title:																																
k. Date of joining:		nth	/	'																												
	Mo					Y	ear																									

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



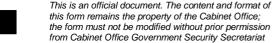


14. Your Previous Employment

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.

ii you have no previous en																											
a. Name of employer:																											
b. Address of employer:																											
Address Line 1:																											
Address Line 2:																											
Town:																											
County/Region:																		Р	ost	coc	le:						
Country:				T																							
c. Telephone:																											
d. Surname of Immediate	Sup	erv	isor	:																							
e. Forenames of Immedia	te S	upe	ervis	or:	: [Ī																					
f. Supervisor's Grade/Rar	nk:																										
g. Supervisor's job title:																											
h. Supervisor's e-mail address (if known):		\dagger		T	\top	T																					
i. Your Grade/Rank:				Ť	Ť	Ť																					
j. Your job title:				Ť		İ																					
k. Dates:	Fr	om	n:	Ť		/		Τ		1	 Т	o:]	/						l	<u> </u>	<u> </u>			
			M	ont	h				/ear			L	Мо	nth	J		Y	ear									
				_			_																		_	_	
a. Name of employer:																											
a. Name of employer: b. Address of employer:																											
		<u> </u> 		 	<u> </u> 	 	<u> </u>	<u> </u> 	<u> </u>							<u> </u>										<u> </u>	
b. Address of employer:				 		<u> </u> 																					
b. Address of employer: Address Line 1:																											
b. Address of employer: Address Line 1: Address Line 2:																		P	ost	coc	le:						
b. Address of employer: Address Line 1: Address Line 2: Town:																		P	ost	coc	le:						
b. Address of employer: Address Line 1: Address Line 2: Town: County/Region:																		P	ost	coc	le:						
b. Address of employer: Address Line 1: Address Line 2: Town: County/Region: Country:	Sup	erv	risor															P	osto	coc	le:						
b. Address of employer: Address Line 1: Address Line 2: Town: County/Region: Country: c. Telephone:																		P	ost	coc	le:						
b. Address of employer: Address Line 1: Address Line 2: Town: County/Region: Country: c. Telephone: d. Surname of Immediate	te S																	P	osto	coc	le:						
b. Address of employer: Address Line 1: Address Line 2: Town: County/Region: Country: c. Telephone: d. Surname of Immediate e. Forenames of Immedia	te S																	P	osto	coc	le:						
b. Address of employer: Address Line 1: Address Line 2: Town: County/Region: Country: c. Telephone: d. Surname of Immediate e. Forenames of Immediate f. Supervisor's Grade/Ran g. Supervisor's job title: h. Supervisor's e-mail	te S																	P	osto	coc	le:						
b. Address of employer: Address Line 1: Address Line 2: Town: County/Region: Country: c. Telephone: d. Surname of Immediate e. Forenames of Immediate f. Supervisor's Grade/Ran g. Supervisor's job title:	te S																	P	osto	coc	le:						
b. Address of employer: Address Line 1: Address Line 2: Town: County/Region: Country: c. Telephone: d. Surname of Immediate e. Forenames of Immediate f. Supervisor's Grade/Ran g. Supervisor's job title: h. Supervisor's e-mail address (if known):	te S																	P	osto		le:						
b. Address of employer: Address Line 1: Address Line 2: Town: County/Region: Country: c. Telephone: d. Surname of Immediate e. Forenames of Immediate f. Supervisor's Grade/Ran g. Supervisor's job title: h. Supervisor's e-mail address (if known): i. Your Grade/Rank:	nk:		ervis									o:						P	ost		le:						
b. Address of employer: Address Line 1: Address Line 2: Town: County/Region: Country: c. Telephone: d. Surname of Immediate e. Forenames of Immediate f. Supervisor's Grade/Ran g. Supervisor's job title: h. Supervisor's e-mail address (if known): i. Your Grade/Rank: j. Your job title:	nk:	upe	ervis						/ear		Т	or or [Mo	nth				P	osto		le:						







a. Name of employer:														_		_															
b. Address of employer:																															
Address Line 1:																															
Address Line 2:																															
Town:																															
County/Region:																						Ρ	ost	coc	le:						
Country:																													\Box		
c. Telephone:																														·	_
d. Surname of Immediate	Su	per	vis	or:																								\Box	П		
e. Forenames of Immedia	ate S	Sup	erv	viso	r:																								T		╗
f. Supervisor's Grade/Rai	nk:																											T	T		╗
g. Supervisor's job title:															j													寸	寸	İ	ī
h. Supervisor's e-mail address (if known):								İ																				寸	寸	T	\exists
i. Your Grade/Rank:																												寸	Ħ		╗
j. Your job title:															寸													寸	寸	Ť	ヿ
k. Dates:	F	Froi	m:	l			/	Γ		<u> </u>		1		Т	o: [
			١	Мо	nth	J	,	<u></u>	Y	 ′ear					ı	Мо	nth	J .	,		Y	 ′ear									
			_											_	_											_	_	$\overline{}$	=	_	=
a. Name of employer:																															
b. Address of employer:				ı			ı			I				1												_		$\overline{}$	$\overline{}$		\neg
Address Line 1:	L													_	_											_		\dashv	ᆜ	4	4
Address Line 2:																													_	1	_
Town:																													<u> </u>		
County/Region:																						Р	ost	coc	le:						
Country:																															
c. Telephone:																															
d. Surname of Immediate	Su	per	vis	or:																									\Box		
e. Forenames of Immedia	ate S	Sup	erv	/iso	r:																							\Box	\Box		\exists
f. Supervisor's Grade/Ra	nk:														Ì														T		╗
g. Supervisor's job title:															Ì													Ī	T		Ħ
h. Supervisor's e-mail address (if known):															寸													寸	寸		f
i. Your Grade/Rank:								İ																				寸	寸	T	ī
j. Your job title:																												寸	\dagger		i
k. Dates:		Froi	m.			Ì	/	Ē	Ī	Ī		٦		т	o: [/			T		1		 					
K. Dates.	From: / To:															,															
R. Dutes.			····	Mo	nth	<u> </u>		<u> </u>	Y	ear		」 ──			٠٠ <u>ا</u>	Мо	nth]		<u>_</u>	Y	 ′ear									

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 superv	vised:		Fro	m: [/	/							T	o: [/	/									
b. Section, Branch, Unit	or Es	tabl	ishr	nen	Mor nt:	nth				Y	ear						Mor	nth				Y	ear						
c. Surname:		Ť	1													 d. ⊺	Γitle	 (N	Ir/N	lrs/	Ms/	Mis	ss/E	∟ Dr/F	rof	/Re	 :v):		
e. Forename(s):		+																											
f. Grade/Rank:		Ť		 																									
g. Post Title:		Ť		†																									
h. Please enter the prese	nt wo	ork/o	dayt	ime	ad	ldre	ss	and	l tel	epl	non	e n	um	ber	of	this	s su	ıpe	rvis	or l	bel	ow:		<u> </u>	<u> </u>		<u> </u>		
Address Line 1:																													
Address Line 2:		İ																											
Town:		İ																											
County/Region:																					P	ost	coc	le:					
Country:		Ť																											
i. Military Telephone Nun	ber:		•																								•		
j. Civilian Telephone Nun	nber:																		İ										
k. Email Address (If know	vn):																												
a Dates you were super	ieod:		Ero	m. [,			Ī	Τ	1		т.	آ				,		Π	T	T	7				
a. Dates you were superv	vised:	•	Fro	m: [Mor	nth	/	/		Y	ear				T	o: [Mor	nth	1	/		Y	ear						
a. Dates you were superv				L		nth	<i> </i>	/ 		Y	ear				T	o: [Mor	nth	,	/		Y	ear						
				L		nth				Y	ear				T-	o: [Mor	nth				Y	ear			<u> </u>			
				L		nth				Y	ear								Ir/M	/	Ms/			Dr/F	Prof	//Re			
b. Section, Branch, Unit o				L		nth				Y	ear								Ir/M	/ Irs/	Ms/			Dr/F	Prof	//Re	 - v):		
b. Section, Branch, Unit of c. Surname:				L		nth				Y	ear								lr/M	/	Ms/			Dr/F	Prof	i/Re	ev):		
b. Section, Branch, Unit ofc. Surname:e. Forename(s):				L		nth				Y	ear								lr/M	/	Ms/			Dr/F	Prof	i/Re	 		
b. Section, Branch, Unit ofc. Surname:e. Forename(s):f. Grade/Rank:	or Es	tabl	ishr	men	nt:		ess	and	l tel			e n	um	ber		d. 7	Γitle	(N) €				Mis	ss/[Dr/F	Prof	///Re	 		
b. Section, Branch, Unit of c. Surname: e. Forename(s): f. Grade/Rank: g. Post Title:	or Es	tabl	ishr	men	nt:		ess	and	i tel			e n	um	ber		d. 7	Γitle	(N) €				Mis	ss/[Dr/F	Prof	//Re	 		
b. Section, Branch, Unit of c. Surname: e. Forename(s): f. Grade/Rank: g. Post Title: h. Please enter the prese	or Es	tabl	ishr	men	nt:		ess	and	i tel			e n	um	ber		d. 7	Γitle	(N) €				Mis	ss/[Dr/F	Prof	i/Re	 		
b. Section, Branch, Unit of c. Surname: e. Forename(s): f. Grade/Rank: g. Post Title: h. Please enter the prese Address Line 1:	or Es	tabl	ishr	men	nt:		ess	and	i tel			e n	um	ber		d. 7	Γitle	(N) €				Mis	ss/[Dr/F	Prof	i/Re	 		
b. Section, Branch, Unit of c. Surname: e. Forename(s): f. Grade/Rank: g. Post Title: h. Please enter the prese Address Line 1: Address Line 2:	or Es	tabl	ishr	men	nt:		ess	and	i tel			e n	um	ber		d. 7	Γitle	(N) €			beld	Mis	ss/[Prof	i/Re			
b. Section, Branch, Unit of c. Surname: e. Forename(s): f. Grade/Rank: g. Post Title: h. Please enter the prese Address Line 1: Address Line 2: Town:	or Es	tabl	ishr	men	nt:		ess	and	I tel			e n	um	ber		d. 7	Γitle	(N) €			beld	/Mis	ss/[Prof	i i i i i i i i i i i i i i i i i i i			
b. Section, Branch, Unit of c. Surname: e. Forename(s): f. Grade/Rank: g. Post Title: h. Please enter the prese Address Line 1: Address Line 2: Town: County/Region:	nt wo	tabl	ishr	men	nt:		ess	and	I tel			e n	um	ber		d. 7	Γitle	(N) €			beld	/Mis	ss/[Prof	//Re	 		
b. Section, Branch, Unit of c. Surname: e. Forename(s): f. Grade/Rank: g. Post Title: h. Please enter the prese Address Line 1: Address Line 2: Town: County/Region: Country:	nt wo	tabl	ishr	men	nt:		ess	and	i tel			e n	um	ber		d. 7	Γitle	(N) €			beld	/Mis	ss/[Prof	i i i i i i i i i i i i i i i i i i i	 		
b. Section, Branch, Unit of c. Surname: e. Forename(s): f. Grade/Rank: g. Post Title: h. Please enter the prese Address Line 1: Address Line 2: Town: County/Region: Country: i. Military Telephone Num	nt wo	tabl	ishr	men	nt:		ess	and	i tel			e n	um	ber		d. 7	Γitle	(N) €			beld	/Mis	ss/[Prof	i i i i i i i i i i i i i i i i i i i	 		



a. Dates you were supervised: From: / To: /																															
a. Dates you were superv	/ise	ed:	F	ror	n: [NA-	-4h	/	/							Т	o: [N4-	46	,	/										
b. Section, Branch, Unit of	or F	Esta	blis	shn	nen	Moi it:	ntn				Y	ear						Mor	itn				Y	ear						П	\neg
bi dodion, branon, ome	<u> </u>																													<u> </u>	ᅥ
																														<u> </u>	닠
c. Surname:																	d. 1	Γitle) (M	Ir/N	lrs/	Ms/	Mis	s/D)r/P	rof	/Re	v):			
e. Forename(s):																															
f. Grade/Rank:																															
g. Post Title:																															
h. Please enter the prese	nt v	wor	k/da	ayt	ime	ad	dre	ss	and	tel	epl	non	e n	um	ber	of	this	s su	ıpeı	rvis	or	bel	ow:								
Address Line 1:																															
Address Line 2:																															
Town:																															
County/Region:																						P	ost	cod	le:						
Country:																															╗
i. Military Telephone Nun	nbe	r:																												 	_
j. Civilian Telephone Nun	nbe	er:																													
k. Email Address (If know	vn):	:																													
a Datas vauvusas avas			_	•					,				T	1		_	· [,			П	T	1					=
a. Dates you were superv	/ISE	ea:	-	ror	n: [Moi	nth	/	'		Y	ear		J		١	o:	Mor	l nth	,	′		Y	ear							
b. Section, Branch, Unit	or E	Esta	blis	shn	nen	t:																									
																															٦
c. Surname:																	d. T	Γitle	• (M	lr/N	lrs/	Ms/	Mis	ss/D)r/P	rof	/Re	v):			ī
e. Forename(s):																														İ	ī
f. Grade/Rank:																															ヿ
g. Post Title:																															ī
h. Please enter the prese	nt v	wor	k/da	ayt	ime	ad	dre	ss	and	tel	epl	non	e n	um	ber	of	this	s su	ıpeı	rvis	or	bel	ow:							 	
Address Line 1:																															
Address Line 2:																															ī
Town:																															ī
County/Region:																						P	ost	cod	le:						ヿ゙
Country:																															ī
i. Military Telephone Nun	nbe	r:																			<u> </u>									 	
j. Civilian Telephone Nun	nbe	er:			Г			İ																							
k. Email Address (If know	vn):	:						İ																							
If more than 4 supervis (pages 23 and 24).	ors	ple	ease	e tio	ck h	nere	• [and	en	ter	the	de	tails	s fo	r e	ach	su	per	vis	or c	on t	he	con	ntin	uat	ion	sho	eets		







16. 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 20) 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.



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		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	Yes		No	
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?				
If you answered Yes to any of the questions on this page, please give full details, (including	dates)	below.		
Places enter your full name and sign and data below				
Please enter your full name and sign and date below.				
Surname: Full				
Forename(s):				
Signed: Date:	<u> </u>		/ □ □	
	ay '	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		No	
b. terrorism?	Yes		No	
c. sabotage?	Yes		No	
d. Actions intended to overthrow or undermine Parliamentary democracy by political, industrial or violent means?	Yes		No	
e. Have you ever been a member of, or supported a group or groups involved in any of the above activities?	Yes		No	
f. Have you ever had a close association with anyone, including any member of your family, who, to your knowledge, has been a member of or given active support to any such group or activities?	Yes		No	
18. Other Information You are required to state if there are any other matters which might be regranting of a security clearance.	evant	to the		
a. Do you currently have, or have you ever had, serious medical or psychological problems?	Yes		No	
b. Are you currently, or have you ever been, a habitual user of addictive substances (e.g. drugs or alcohol)?	Yes		No	
c. Do you currently have, or have you ever had, significant financial difficulties?	Yes		No	
d. Are you now, or have you ever been, involved in conduct liable to lead to susceptibility to pressure or improper influence?	Yes		No	
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		No	
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		No	
If you answered Yes, please provide information on the most recent questionnaire/security agency or firm you applied to or were working for, and the date completed.	clearar	nce, the (departm	nent,
Type of Questionnaire:				
Department, agency or firm:				
Date Completed: / Year				
Have you ever had a security clearance withdrawn or withheld?	Ye	s 🗌	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.				
This is an official document. The content and format of			 	ı <u>—</u>

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)

D)



Level of clearance (e.g DV, SC, 0	CTC):			
Department, Agency or Firm:				
Date of withdrawal:	Day / Marth			
Please give the reason for this:	Day Month Year			
Is there any other information that you wish to provide in support of your clearance application?				
20. Financial History / Arran For SC and SC (Review) Or	ngements nly - you need not answer if you are co	mpleting this form	for a CTC or	CTC (Review)
a. Have you and/or your partner in	n the last 10 years:		Times	Year
Had a credit or store card appli	cation declined?	Yes No		
Had a personal loan application	n 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 no	tice issued to you by a bank or creditor?	Yes No No		
Had a credit or store card with	drawn?	Yes No		
Consulted a debt management	company or advisory service, e.g. CAB?	Yes No		
Arranged a debt management p	olan (formal or informal)?	Yes No 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 No		
	ver applied for an Individual Voluntary and only) a Protected Trust Deed, or a	Yes No No		
c. Have you and/or your partner e	ver been declared bankrupt?	Yes No No		
d. Do you have any financial interas a Civil Servant, member of H contractor? (e.g. your partner ru contracts that you are responsible	ns a company, which tenders for	Yes No No		
e. Are there any details or explana understand your financial posit		Yes No No		
If you answer	ed 'yes' to any question, please provide full d	etails on the continuat	ion pages.	

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



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	





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)

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 vourself 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.

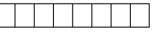
When completed, this application form must be returned to your Sponsor. Contractors, please note at page 20 that you may detach and place in a sealed envelope the Criminal Convictions & Related Matters page before returning the form to the Sponsor.

			,	, — —
Signed:	Date:		/	/
- '		Day	Month	Year

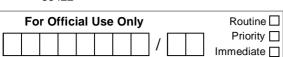




THIS PAGE IS INTENTIONALLY BLANK









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

How to complete	this form														
The information you p or strike through any Keep each character provided, please ente delete it by filling in the	other areas of within the boxer your answer	f the form. If co kes on the forn r on the contin	ompleting by n and leave uation sheet	hand plead one space is (pages 2	se write in BI between nam 3 and 24). If	LACK INK usir nes/words. If an you make a mi	ng BLOCK LETTER n answer will not fit i	S . In the space							
Surname (now):															
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 fo	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		Army		RAF		MOD Civilian								
	Other Civil Servant Other Contractor		Police Offic Civilian Sta Other		Civil N Emplo		Civil Nuclear Contractor								
If a contractor, is the	e applicant:	List X?	Non-Li	st X?											
Job Title:															
Establishment / Location															
Is the post for which	n security cle	earance is req	uired:			Re	served	Non Reserved							
Is this clearance bei	ng requested	d on initial red	cruitment?				Yes No								
Tick here if the post	for which cl	earance is re	quired is wi	thin, or clo	sely associ	ated with, the	DVA.								
I CERTIFY THAT TH	E FOLLOWIN	IG CHECKS H	IAVE BEEN	COMPLET	ED:										
a. Full Baseline Pers	sonnel Secur	rity Standard	(BPSS), cor	nprising ve	erification of	f the applican	t's: Yes No								
* Identity * Employment / a * Nationality / imr															
b. Where the full BP immigration statu			npleted, the	applicant'	s identity an	nd	Yes No No	Not Applicable							
c. Departmental Rec			ersonnel, Ci	vil Servant	s and emplo	oyees of	Yes No No	Not Applicable							
d. Company Record records held for t							Yes No No	Not Applicable							

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

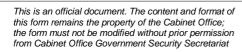
RESTRICTED (WHEN COMPLETED)

EN COMPLETED)





l certif	y that the relevant red	cords he	ld for	r the	appl	ican	t hav	e b	een	che	cked	d foi	r ite	ms	of s	secu	ırity	inte	eres	st a	nd t	hat:	(tic	k on	e bo	ox):		
No i	tems of security intere	st were	foun	d [s of s					st w	ere	fou	ınd]							
Details	of any items of secur	ity intere	est:					(ріс		9111					',													
Applic	ant's Surname:			T	Τ	$\overline{\Box}$		<u> </u>	Τ	Τ	Τ					T		\overline{T}				一	$\overline{\top}$	$\overline{\top}$	$\overline{\top}$	<u> </u>		
Applic	ant's Forename(s):			+					$^{+}$													\dagger	\dagger		t			
Applic	ant's Date of Birth:	Day]/[Mont	/	′ _	Ye	ar																				
I confi	rm that the applican	-	tity h			veri																						
If the S	Subject is an existing	g emplo	yee a	and	has	beer	n em	plo	yed	for	3 ye	ars	or	mc	ore,	ple	ase	tic	k.]						
forms (lid you confirm the a of identity must be che company records che	ecked. H	lowe	ver, i	f you	ı hav	e co	nfirr	med	abo	ove t	hat	the	Su	bje	ct ha	as b	l pa eer	assp n er	npl	t not oyed	pro I for	duc at I	ed, leas	two t 3 y	othe ear	er S,	
Forn	n of identification							Νι	ımb	er									_	ate	e of	issı	ıe (Day	/Mo	nth/	Yea	ır)
	Full EU Passport																						\perp]/				
	Full non-EU Passpo	ort]/				
	Driving Licence																						\mathbf{L}]/				
	Birth Certificate]/				
	Company Records																					' <u> </u>]/				
	Other]/]/				
	If Other, please give	details	belo	ow.																								
Name:	:																					\Box	I		Ι			
	on within isation:																					Ī	Ī		Ī			
	Address:																											
Teleph	none:																					Ext	: - [$\underline{\mathbb{I}}$			
Signe	d:															D	ate:	[Di		/	Mor	nth	/[\prod	Yea		









<u>Notification of clearance.</u> 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.

						-								\Box			_			1							$\overline{}$		$\overline{}$			
Sponsor's Reference:																					Sp	ons	or's	s IC):							
Name of firm/ organisation:																																
Address Line 1:																																П
	_					<u> </u>			<u> </u>	<u> </u>	 						<u> </u>		<u> </u>							<u> </u> 	<u> </u>		<u> </u>			Н
Address Line 2:																																Щ
Town:																																
County/Region:													Postcode:																			
Country:																																
Email:																																
Sponsor's Address (if	diffe	erer	nt fro	om	No	tifi	cat	ion	Ad	dre	ss)																					
Name of firm/ organisation:																																
Address Line 1:																																
Address Line 2:																																
Town:																																
County/Region:																						P	ost	coc	le:							
Country:																																
ior Contractors Only																																
or Contractors Only		.14.	nte		nd	e.	uh		ntr			~	.or	kin		an.	~~		rnr	~~	nt .	.	ا ا		n	اما	مما	r	ita	٠,		
Including List X, Co	nsı						ub	COI	ntr	act	or	s w	vor	kin	g	on	gc	ve	rnr	ne	nt a				n	uc	lea □			-		
	nsı						ub	COI	ntr	act	or	s w	vor	kin	g (on	go	ve	rnr	ne	nt a		d c ear		n	uc	lea		ite: nth	-		
Including List X, Co	nsı ime ontr	wit	th th or w	ne i	firm king	ı: g fo	or e	ithe	er L	ist	хс	om	par	nies	or	Go					nt a	Y		S		uc	lea]			s		
Including List X, Co Length of employee's t Is the Subject a Sub Co Departments/HM Force Name of firm/	nsı ime ontr	wit	th th or w	ne i	firm king	ı: g fo	or e	ithe	er L	ist	хс	om	par	nies	or	Go					nt a	Y	ear	S		uc	lea		nth	s		
Including List X, Co Length of employee's t Is the Subject a Sub Co Departments/HM Force	nsı ime ontr	wit	th th or w	ne i	firm king	ı: g fo	or e	ithe	er L	ist	хс	om	par	nies	or	Go					nt a	Y	ear	S		uc	lea		nth	s		
Including List X, Co Length of employee's t Is the Subject a Sub Co Departments/HM Force Name of firm/ organisation:	nsı ime ontr	wit	th th or w	ne i	firm king	ı: g fo	or e	ithe	er L	ist	хс	om	par	nies	or	Go					nt a	Y	ear	S		uc	lea		nth	s		
Including List X, Co Length of employee's t Is the Subject a Sub Co Departments/HM Force Name of firm/ organisation: Address Line 1: Address Line 2:	nsı ime ontr	wit	th th or w	ne i	firm king	ı: g fo	or e	ithe	er L	ist	хс	om	par	nies	or	Go					nt a	Y	ear	S		uc	lea		nth	s		
Including List X, Co Length of employee's t Is the Subject a Sub Co Departments/HM Force Name of firm/ organisation: Address Line 1: Address Line 2: Town:	nsı ime ontr	wit	th th or w	ne i	firm king	ı: g fo	or e	ithe	er L	ist	хс	om	par	nies	or	Go					nt a	Y	Yes	s					nth	s		
Including List X, Co Length of employee's t Is the Subject a Sub Co Departments/HM Force Name of firm/ organisation: Address Line 1: Address Line 2: Town: County/Region:	nsı ime ontr	wit	th th or w	ne i	firm king	ı: g fo	or e	ithe	er L	ist	хс	om	par	nies	or	Go					nt a	Y	ear	s		ucl			nth	s		
Including List X, Co Length of employee's t Is the Subject a Sub Co Departments/HM Force Name of firm/ organisation: Address Line 1: Address Line 2: Town:	nsı ime ontr	wit	th th or w	ne i	firm king	ı: g fo	or e	ithe	er L	ist	хс	om	par	nies	or	Go					nt a	Y	Yes	s					nth	s		
Including List X, Co Length of employee's t Is the Subject a Sub Co Departments/HM Force Name of firm/ organisation: Address Line 1: Address Line 2: Town: County/Region:	nsime ontres, e	with actor	th th	ne t	king	n: g fo	pr e	ithe	er L ers,	ist	X C	om	par	nies	or aff?	Go						P	Yes	s					nth	s		
Including List X, Co Length of employee's to Is the Subject a Sub Co Departments/HM Force Name of firm/ organisation: Address Line 1: Address Line 2: Town: County/Region: Country:	nsi ime ontres, e	with actual with a contract with a contract with actual with a contract wi	com	ne f	king king liltar	s p	pr e	ithe	ers,	ist ma	XCaint	om	par	No	or aff?	Go?			nent			P	Yes	s					nth	s		
Including List X, Co Length of employee's to Is the Subject a Sub Co Departments/HM Force Name of firm/ organisation: Address Line 1: Address Line 2: Town: County/Region: Country: Will the employee be o	nsi ime ontres, e	with actual with a contract with a contract with actual with a contract wi	com	ne f	king king iltar	s p	ayr	ithe	er L ers,	ist , ma	X C	om	par	No	or aff?	Go?			nent			P	Yes	s			lea		nth	s		
Including List X, Co Length of employee's to Is the Subject a Sub Co Departments/HM Force Name of firm/ organisation: Address Line 1: Address Line 2: Town: County/Region: Country: Will the employee be o Is clearance required for	nsi ime ontres, e	with actual with a constant with a constan	com	ne f	king king iltar	s p	ayr	ithe	er L ers,	ist , ma	X C	om	par	No	or aff?	Go?			nent			P	Yes	s			lea		nth	s		
Including List X, Co Length of employee's to Is the Subject a Sub Co Departments/HM Force Name of firm/ organisation: Address Line 1: Address Line 2: Town: County/Region: Country: Will the employee be of Is clearance required for To whose information Site where the	nsi ime ontres, e	with actual with a constant with a constan	com	ne f	king king iltar	s p	ayr	ithe	er L ers,	ist , ma	X C	om	par	No	or aff?	Go?			nent			P	Yes	s			lea		nth	s		
Including List X, Co Length of employee's to Is the Subject a Sub Co Departments/HM Force Name of firm/ organisation: Address Line 1: Address Line 2: Town: County/Region: Country: Will the employee be of Is clearance required for To whose information	nsi ime ontres, e	with actual with a constant with a constan	com	ne f	king king iltar	s p	ayr	ithe	er L ers,	ist , ma	X C	om	par	No	or aff?	Go?			nent			P	Yes	s			lea		nth	s		
Including List X, Co Length of employee's to Is the Subject a Sub Co Departments/HM Force Name of firm/ organisation: Address Line 1: Address Line 2: Town: County/Region: Country: Will the employee be of Is clearance required for To whose information Site where the employee works or is	nsi	with actual with a contract with a contract with actual with a contract wi	com	ne f	king king iltar	s p	ayr	ithe	er L ers,	ist , ma	X C	om	par	No	or aff?	Go?			nent			P	Yes	s					nth	s		
Including List X, Co Length of employee's to Is the Subject a Sub Co Departments/HM Force Name of firm/ organisation: Address Line 1: Address Line 2: Town: County/Region: Country: Will the employee be o Is clearance required for To whose information Site where the employee works or is to work:	nsi	with actual with a contract with a contract with actual with a contract wi	com	ne f	king king iltar	s p	ayr	ithe	er L ers,	ist , ma	X C	om	par	No	or aff?	Go?			nent			P	Yes	s					nth	s		



