

Royal Gibraltar Police Vetting Application Form

RGP Use Only Reference No:

NOTE TO APPLI	<u>CANT</u>							
The enquiry form details must be enter	must be completed lered as N/A.	by the appl	icant in full	using F	Block Ca	pitals and Non Ap	plicable	
Writing must be cle	ear and legible.							
SURNAME:			Previous Name (if any): e.g. Maiden Name					
FORENAME:	ALIAS:		ID No:					
Date of Birth:	Place of Birth/ Origin:							
Have you ever changed your name? Yes			No					
IF YES PLEASE	STATE FORMER	NAME:						
	dresses applicant ha croad within the last							
House No:	Street/ Block	Tow		Count		From	То	
	Please ensure that al The Royal Gibralta						ve any gaps	

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Declaration of Applicant							
I hereby authorise the Royal Gibraltar Police to supply the results of this v	etting request to:						
Position to be held by Applicant							
Signature of applicant:Date							
To be completed by agency or organisation requiring vet.							
Name of Agency or Organisation							
Position Applicant is to be employed in							
Will applicant be involved with:							
Children Yes/No, Vulnerable Persons Yes/No, Driving	Duties Yes/No						
Authorised SignatoryDate							
Name in full (
Notes:							
Child" means a person under the age of 18 years;							
"Vulnerable Adult" means a person aged 18 or over who has a condition of the following type— (a) a substantial learning or physical disability; (b) physical or mental illness or mental disorder, chronic or otherwise, including an addiction to alcohol or drugs; or (c) a significant reduction in physical or mental capacity.							
According to Royal Gibraltar Police records there are no previous convictinamed applicant:	ons recorded against the above						
	CMU Stamp						
Referred to OIC Force Intelligence							
OR the attached convictions appear on Royal Gibraltar Police records and requesting agency as authorised by Applicant:	have been forwarded to the						

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