

	<h1>ROYAL GIBRALTAR POLICE</h1>	ROYAL GIBRALTAR POLICE VETTING APPLICATION FORM
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RGP Use Only

Reference No:.....

NOTE TO APPLICANT

THE ENQUIRY FORM MUST BE COMPLETED BY THE APPLICANT IN FULL USING **BLOCK CAPITALS** AND NON APPLICABLE DETAILS MUST BE ENTERED AS N/A.

WRITING MUST BE CLEAR AND LEGIBLE.

SURNAME:								Previous Name (if any): e.g. Maiden Name							
FORENAME:								ALIAS:				ID No:			
Date of Birth:		D	D	M	M	Y	Y	Y	Y	Place of Birth/ Origin:					
Have you ever changed your name? Yes								<input type="checkbox"/>		No		<input type="checkbox"/>			
IF YES PLEASE STATE FORMER NAME:															

Please state all addresses applicant has resided at during the last 7 years. If Applicant has moved to Gibraltar from abroad within the last 10 years please state last address prior to moving to Gibraltar.					
House No:	Street/ Block	Town	Country	From	To
IMPORTANT NOTE: PLEASE ENSURE THAT ALL DATES ARE COVERED WITH A FULL, LEGIBLE ADDRESS. DO NOT LEAVE ANY GAPS IN YEARS PROVIDED. THE ROYAL GIBRALTAR POLICE WILL NOT ACCEPT FORMS COMPLETED INCORRECTLY.					



“Working together to make our community safer”

The contents of this document will be processed in strict compliance with the Royal Gibraltar Police’s policy on Data Protection which has been compiled in accordance with the provisions of the Data Protection Act 2004.

DECLARATION OF APPLICANT

I hereby authorise the Royal Gibraltar Police to supply the results of this vetting request to:

Position to be held by Applicant _____

Signature of applicant: _____ Date _____

NAME IN FULL (_____)

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	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	Vulnerable Persons	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	Driving Duties	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No										
Yes	No										
Yes	No										

*Delete where applicable

Authorised Signatory _____ Date _____

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.

FOR OFFICE USE ONLY

Accounts Receipt number _____ Date _____

According to Royal Gibraltar Police records there are no previous convictions recorded against the above named applicant:

Records Office Stamp

OR the attached convictions appear on Royal Gibraltar Police records and have been forwarded to the requesting agency as authorised by Applicant:



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