

HOW TO APPLY - VETTING

- **PAYMENT:** A £10 administration fee is charged when the form is submitted to us. This payment will be done online and a unique link will be sent to the e-mail provided.
- **FULLY COMPLETED APPLICATION FORM:** Ensure all sections are completed in BLOCK CAPITALS. Fields that are not applicable should be marked N/A. Original or scanned signatures are required throughout.
- **SIGNED APPLICANT'S DECLARATION:** Original or Scanned signatures are required.
- **SIGNED AUTHORISED SIGNATORY'S DECLARATION:** Original or Scanned signatures are required.
- **SUBMIT FORM:** Scan and send to us via email to datarequests@royalgib.police.gi We will not be accepting any physical forms via our counter or by mail.
- **COLLECTION:** Processed Vetting Certificates will be sent via email provided.
- **QUERIES:** Any queries reference the vetting procedure please contact us on datarequests@royalgib.police.gi

Further information on Pre-Employment Vetting and GDPR Data Protection Rights of Individuals can be obtained from the Gibraltar Regulatory Authority (GRA) www.gra.gi

APPLICATION CHECK LIST

- Fully completed Application for Vetting form
- Signed applicant declaration
- Signed authorised signatory declaration
- Administration Fee of £10.00 included

FOR OFFICE USE ONLY

DATE STAMP	Receipt Number:	
	Trace or No Trace Found (<i>please circle</i>):	TRACE NO TRACE
	Date Collected:	DD / MM / YYYY

PERSONAL INFORMATION

Title:	Mr. Mrs. Miss. Ms. Other (please specify):
Forename(s):	
Surname(s):	
Previous Name:	
Date of Birth:	DD / MM / YYYY
Place of Birth (Including Town and Country):	
Passport or Identity Card Number:	

CONTACT DETAILS

NOTE: Providing these details may reduce any delay in processing your application should the RGP need to contact you to clarify any of the information you have given. By providing these details, you give consent for the RGP to contact you by this method.

Contact Tel No. 1:		Contact Tel No. 2:	
Email Address:			
Current Address: (This is the current address at which you reside not a PO Box)			

ADDRESS HISTORY

Note: Please state all addresses applicant has resided at during the last seven years. If Applicant has moved to Gibraltar from abroad within the last five years please state last address prior to moving to Gibraltar

ADDRESS	DATE FROM (mm/yyyy)

APPLICANT DECLARATION

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

By signing this form I accept the terms and conditions.

Signature: _____

Date: _____

TO BE COMPLETED BY ORGANISATION REQUESTING VETTING

Name of Organisation:

Position applicant is to be employed in:

Will the applicant be involved or working with:

Children

Other (*please specify*)

Vulnerable Persons

Driving Duties

Name of Authorised Signatory:

Signature of Authorised Signatory:

NOTES

“CHILDREN” means a person under the age of 18 years

“VULNERABLE PERSON” means a person aged 18 years 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 addition to alcohol or drugs
- c) A significant reduction in physical or mental capacity.

OCCUPATIONS, PROFESSIONS OR PROPOSED ACTIVITIES AS SET OUT IN SCHEDULE 12 OF THE CRIMINAL PROCEDURE AND EVIDENCE ACT (Exceptions to Rehabilitation), MAY RESULT IN THE DISCLOSURE OF ANY SPENT CONVICTIONS WHICH THE APPLICANT MAY HAVE.

PRIVACY NOTICE

The information supplied in connection with this application will be used to administer this request and will be retained for a period not exceeding 2 years. The Royal Gibraltar Police processes all personal information in accordance with the General Data Protection Regulation and Data Protection Act 2004.

Further information in relation to this can be found on our website www.police.gi