|  |
| --- |
| **HOW TO APPLY - VETTING**   * **PAYMENT:** A £10 administration fee is charged when the form is submitted to us. * **FULLY COMPLETED APPLICATION FORM:** Ensure all sections are completed in BLOCK CAPITALS**.**  Fields that are not applicable should be marked N/A. Original signatures are required throughout. * **SIGNED APPLICANT’S DECLARATION:** Original signatures are required. * **SIGNED AUTHORISED SIGNATORY’S DECLARATION:** Original signatures are required. * **SUBMIT FORM:** Submit your completed application form at our Reception at New Mole House. Alternatively, please post these to:   **Force Administration**  Royal Gibraltar Police  New Mole House  Rosia Road  Gibraltar  Or scan and send to us via email to [forceadmin@royalgib.police.gi](mailto:forceadmin@royalgib.police.gi)   * **COLLECTION:** Processed Vetting Certificates are to be collected from New Mole House Reception. **Reception Counter Hours are:**   Monday to Thursday 0830 hrs to 1500 hrs  Friday 0830 hrs to 1430 hrs  *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*](http://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 (*please circle*):** | TRACE |
| NO TRACE |
| **Date Collected:** | **D D / M M / Y Y Y Y** |

***Page 1 of 3***

|  |  |
| --- | --- |
| **PERSONAL INFORMATION** | |
| **Title:** | Mr. Mrs. Miss. Ms. Other (please specify): |
| **Forename(s):** |  |
| **Surname(s):** |  |
| **Previous Name:** |  |
| **Date of Birth:** | **D D / M M / Y Y Y Y** |
| **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)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

***Page 2 of 3***

|  |
| --- |
| **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:**   1. **A substantial learning or physical disability** 2. **Physical or mental illness or mental disorder, chronic or otherwise, including an addition to alcohol or drugs** 3. **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](http://www.police.gi) |

***Page 3 of 3***