



BASELINE PERSONNEL SECURITY STANDARD

The information required within this document is in accordance with HM Government guidelines and the Defence Vetting Agency Regulations

NOTES FOR COMPLETION

All blank boxes/text highlighted in this document must be filled in by you. Failure to do so will delay you getting your pass issued.

Some boxes may not be required, it will say so.

DO NOT USE THIS FORM TO COMPLETE YOUR DETAILS THIS IS A GUIDE ONLY.

INFORMATION ONLY

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PART 1 OF 4 - NATIONALITY AND IMMIGRATION STATUS

Surname		Forenames	
Previous / Other Names used:	If required		
Mother's Maiden Name			
Date of Birth:		National Insurance Number:	
Current Address:			
Post Code:			
Date: From			
Any other Addresses in the last 5 years: <u>Dates:</u> From - To <i>Include any travel outside the UK within the last 5 years which covered a period exceeding 28 days.</i>			
Contact Details:	Daytime:	Mobile:	
Telephone			
Email address:			
Nationality at Birth:			
Place of Birth: (Town, county, country)			
Present Nationality: (If different to birth)	ONLY IS DIFFERENT FROM BIRTH		
Have you ever possessed any other Nationality or Citizenship?	YES / NO If YES, please specify:		
Are you subject to Immigration Control?	YES / NO If YES, please specify:		
Are you lawfully resident in the UK?	YES / NO		
Are there any restrictions on your continued residence in the UK?	YES / NO If YES, please specify:		

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PART 2 OF 4 - PERSONAL DECLARATION

Are there any restrictions on your continued freedom to take employment in the UK?

YES / NO

If YES please specify:

If applicable, please state Home Office/Port Reference Number :

ONLY FILL THIS IF YOU HAVE ANSWERED YES TO THE ABOVE QUESTION

Please complete the matrix below:

	Spouse / Partner	Father	Step Father	Mother	Step Mother
Nationality Now:			If Required		If Required
Nationality At birth:			If Required		If Required
Place of birth:			If Required		If Required

Declaration: *I undertake to notify any material changes in the information I have given above to the RAF Police, PS Section, RAF Halton.*

Signature:

Date:

Note: By signing the declaration on this form, you are explicitly consenting for the data you provide to be processed in the manner described above. If you have any concerns, about any of the questions or what we will do with the information you provide, please contact the person who issued this form for further information.

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PART 2A OF 4 - REFERENCE REPORT (To be completed by EMPLOYER / SPONSOR)

Subject:	YOUR NAME HERE
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1. How long did the subject work for you and in what capacity?

From: DATE OF JOINING HAC

To: TO DATE

Appointment / Post: HALTON AERO CLUB, RAF SPORTS AIRCRAFT MEMBER

2. Are you related to the subject?

NO

If YES, please state your relationship

3. Over what period have you known the subject?

From: DATE OF JOINING HAC

To: TO DATE

4. Please state the nature and depth of your acquaintance:

Member of Halton Aero Club

5. Do you believe the subject to be strictly honest, conscientious and discreet?

YES

6. Do you know of any factors concerning the subject that might cause his/her fitness for employment on sensitive work to be questioned?

NO

If YES please provide details; *(Among the factors which are relevant are significant financial difficulties, abuse of alcohol or drugs, an extravagant mode of living or signs of mental or physical illness that may impair judgement or reliability).*

Declaration of Reference: *The above answers are correct to the best of my knowledge and belief.*

Surname:

Finch

Forenames:

Carl

Work Address:

Royal Air Force Sports Aircraft Rep
Halton Aero Club
Royal Air Force Halton
Aylesbury
Bucks
HP22 5PG

Post Code:

HP22 5PG

Daytime Telephone Contact Details:

Work: 95221 3337

Mobile: 07305901747

Position within Company:

HALTON AERO CLUB, RAF SPORTS AIRCRAFT MEMBER

Signature:



Date: DATE HERE

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PART 2B - REFERENCE REPORT

To be completed by an individual who is of some standing in the Community. (See Notes for completion).

Subject:	YOUR NAME HERE		
1. Are you related to the subject? If the answer is "YES" please state the nature of your relationship	YES/NO		
2. Over what period have you known the subject? (Please give approximate month and year).	From: To:		
3. State the nature and depth of your acquaintance:			
4. Do you believe the subject to be honest, conscientious and discreet?	YES / NO		
5. Do you know of any factors concerning the subject that might cause his/her fitness for employment on sensitive work to be questioned? If so please provide details: (Amongst the factors which are relevant are significant financial difficulties, abuse of alcohol or drugs, an extravagant mode of living or signs of mental or physical illness that may impair judgement or reliability).			
Declaration of Reference: <i>The above answers are correct to the best of my knowledge and belief.</i>			
Surname:		Forenames:	
Home Address:			
Post Code:			
Work Address:			
Post Code:			
Daytime Contact Number/s:			
Occupation:			
Signature:			Date

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PART 3 - CRIMINAL RECORD DECLARATION

Have you been convicted or found guilty by a Court of any offence in any country (excluding parking but including all motoring offences even where a spot fine has been administered by the police) or have you been put on probation (probation orders are now called community orders) or absolutely/conditionally discharged or bound over after being charged with any offence or is there any action pending against you? You need not declare convictions which are “spent” under the Rehabilitation of Offenders Act (1974). (Please provide details or annotate “N/A” (Not Applicable) as necessary).

MUST SAY YES or NO in this box.

Have you ever been convicted by a Court Martial or sentenced to detention or dismissal whilst serving in the Armed Forces of the UK or any Commonwealth or foreign country?

MUST SAY YES or NO in this box.

Do you know of any matters in your background which might cause your reliability or suitability to have access to government assets to be called into question?

MUST SAY YES or NO in this box.

I declare that the information I have given is true and complete to the best of my knowledge and belief. In addition, I understand that any false information or deliberate omission in the information I have given on this form may disqualify me for employment in connection with Government contracts. I further understand that my declaration will be verified with a Basic Disclosure Certificate from Disclosure & Barring Service, in accordance with the requirements of the Baseline Personnel Security Standard for access to Government assets.

Signature:

Date:

Note: By signing the declaration on this form, you are explicitly consenting for the data you provide to be processed in the manner described above. If you have any concerns, about any of the questions or what we will do with the information you provide, please contact the RAFP PS Section, via the Passes and Permits Clerk for further information.

Important; Data Protection Act (2018): This form contains “personal” data as defined by the Data Protection Act 2018. You will be supplying the data to the appropriate Security authority where it will be processed exclusively for the purpose of the Baseline Personnel Security Standard. The Security authority will protect the information provided and ensure that it is not passed to anyone who is not authorised to see it.

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PART 4 OF 4 - VERIFICATION RECORD

1. EMPLOYEE/APPLICANT DETAILS

Surname:		Forenames:	
Full Permanent Address:			
Postcode:			
Date of Birth:			
Place of Birth:			
Nationality:			
Former or dual nationality: (with dates if applicable)			

2. CERTIFICATION OF IDENTITY (In addition to these questions, attach the scanned copies of these documents.)

a.	Document Type				
	Can be either your 1.Driving licence 2.Passport 3.Utility Bill 4. Birth Certificate				
	<table border="1"><tr><td>Serial No.</td><td>Date of Issue</td></tr><tr><td></td><td></td></tr></table>	Serial No.	Date of Issue		
Serial No.	Date of Issue				
b.	Document Type				
	Can be either your 1.Driving licence 2.Passport 3.Utility Bill 4. Birth Certificate				
	<table border="1"><tr><td>Serial No.</td><td>Date of Issue</td></tr><tr><td></td><td></td></tr></table>	Serial No.	Date of Issue		
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c.	Document Type				
	Official Secrets Act Declaration				
	<table border="1"><tr><td>Serial No.</td><td>Signed on</td></tr><tr><td>NOT REQUIRED</td><td>DATE YOU SIGNED MOD FORM 134</td></tr></table>	Serial No.	Signed on	NOT REQUIRED	DATE YOU SIGNED MOD FORM 134
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3. REFERENCES

Referee	Relationship	Length of Association
a. Sgt Carl Finch	HAC Cttee Member	Date you Joined HAC
b. Will have to match who you used in 2B		
c.		

4. RESIDENCY / NATIONALITY OF RELATIVES

The Matrix below describes the applicant's family background.

	Spouse / Partner	Father	Step Father	Mother	Step Mother
Nationality now:			If Required		If Required
Nationality at Birth:			If Required		If Required
Place of Birth:			If Required		If Required

5. BASIC DISCLOSURE CERTIFICATE

Issuing Authority	
In addition to these questions attach the scanned copy of this document.	
NOT REQUIRED BUT HAC MEMBERS	
Reference No.	Date of Issue
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6. OTHER INFORMATION;(i.e. verification of employment history (past 3 years), verification of nationality and immigration status, academic certificates seen, additional checks carried out, etc).

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7. SECURITY CHECKER DECLARATION;

I certify that in accordance with the requirements of the Baseline Personnel Security Standard;

- *I have personally examined the original documents listed at Part 4, Section 2.*
- *I have satisfactorily established the identity of the above applicant/employee.*

Name: Sgt Carl Finch

Position: HAC Cttee Member

Signature:



Date: DATE HERE

I certify that;

I have verified the references and information listed at Sections 3, 4, and 5, and can confirm that these references satisfy the requirements.

An MOD Form 134 (Official Secrets Act) has been signed by the applicant and is attached to this form.

Name: Sgt Carl Finch

Position: HAC Cttee Member

Signature:



Date: DATE HERE

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