**Application for Fingerprint**

**Vetting**

**F06**



New Mole House, Rosia Road, Gibraltar 🞟 Tel (+350) 200 72500 🞟 [www.police.gi](http://www.police.gi)

**Fingerprint Vetting Application**

**Payment**

A gratuity duties fee of £194.55 is applicable for this service. Multiple copies of fingerprints might attract a higher fee.

Payment for this fee is to be decided between the employer / prospective employer and the applicant(s). Who is to settle the fee is not determined by the RGP.

**Proof of Identity**

Section 1 asks you to give personal information about yourself which will help the Commissioner of Police to confirm your identity. He has a duty to ensure that information he holds is secure and he must be satisfied that you are who you say you are.

Section 4 asks you to provide evidence of your identity by producing copies of documents(s) with your application.

**Form Submission**

Ensure all sections are completed and submit application form together with a copy of your identification documentation to csi@royalgib.police.gi

**Please note that fields marked \* are mandatory.**

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| **Section 1 - Personal information**  |
|  |
| **1.1 \* Title:**  |  Choose an item. (if other, please specify) Click or tap here to enter text. |
| **1.2 \* ALL forename(s)/given name(s):** | Click or tap here to enter text. |
| **1.3 \* Surname/Family name:** | Click or tap here to enter text. |
| **1.4 \* Date of birth: (dd/mm/yyyy)** | Click or tap to enter your DOB  |
| **1.5 \* Daytime telephone No.**(Please make sure that you include local/area or international dialling codes.) | Click or tap here to enter text. |
| **1.6 \* Email address:** | Click or tap here to enter text. |

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| **Section 2 – Company Details**  |
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| **2.1 \* Company Name:**  | Click or tap here to enter text. |
| **2.2 \* Company Address:** | Click or tap here to enter text. |

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| **Section 3 – Fingerprint forms (Please state which form will be used to take your fingerprints)** |
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| **3.1 \* External Vetting Fingerprint Form:** | [ ] **Yes** [ ]  **No** |
| **3.2 \* RGP Vetting Fingerprint Form:** | [ ] **Yes** [ ]  **No** |
| **3.3 \* How many copies do you require:**  | Click or tap here to enter text. |

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| **Section 4 – Proof of identity** |
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| **\*** Please be advised that you must provide proof of identification. Your signature will be matched to your signature on the proof of identity document provided. If they do not match, your request may be rejected.Please note in some circumstances it may be necessary for us to request original identification documents. |

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| **Section 5 – Applicant Declaration & Signature** |
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| **5.1 \* Declaration** I hereby grant permission and give my consent to having my fingerprints taken for the purposes for which this form is completed: By signing this form I accept the terms and conditions. |
| **Signature:** |   | **Date:** | Select date  |
| \*\* You can sign this form physically with a pen or include a digital copy of your signature. This will then be matched to your signature on the proof of identity documents you have provided. If they do not match, your request may be rejected.Warning - a person who impersonates or attempts to impersonate another may be guilty of an offence. |

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| **Privacy Notice** |
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| The contents of this document will be processed in strict compliance with the Royal Gibraltar Police’s **Management of Police Information (MoPI) policy** which has been compiled in accordance with the provisions of the **Data Protection Act 2004 (DPA 2004)** and the **Gibraltar General Data Protection Regulations (Gib GDPR)**. The information provided within will be used to conduct searches of RGP systems to locate the information being requested.Your details will be recorded within our vetting database for a period of 24 months from the date your application is processed. After this period, your application details, our response and any results sent to you will be deleted from our systems.  |

**FOR OFFICE USE ONLY**

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| **To be completed by Police Department** |
|  |
| **Date/Time Allocated:** |  |
| **Identification document(s) checked:** | [ ] **Yes** [ ]  **No** |
| **Signature of Officer:**  |  |
| **Rank:**  |  |  |
| **Date:** |  |

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| **To be completed by RGP Finance Department** |
|  |
| **GRR No.** |  |
| **Amount Paid:**  |  |
| **Signature:**  |  |  |
| **Date:** |  |