

DV Supplement

Please complete all the questions. Use continuation pages 22-24 if needed.

Full name

Further details about yourself

37 Addresses

In addition to the address(es) given at questions 6 and 7 have you within the last ten years

resided at any other addresses **YES** **NO**
in the UK?

resided outside the UK for more **YES** **NO**
than 12 months at a time?

please tick as applicable

If **Yes** enter full details, with dates, on continuation pages 22-24.

Education

39 Full-time education

Have you received full-time education during the last five years?

YES **NO**

please tick as applicable

If **Yes**, give details below (Please include all courses, although there is no need to go back further than age 14).

If **No**, go to question 40.

Your relations

38 Please state present occupation (if deceased, former occupation) of:

father or step-father/adoptive parent or legal guardian

mother or step-mother/adoptive parent or legal guardian

your spouse or other partner(s)

A

School/College/University

Name of Headteacher or tutor

Official address and telephone number

Dates from to

B

School/College/University

Name of Headteacher or tutor

Official address and telephone number

Dates from to

Brothers and sisters

Please enter details of brothers and sisters, including those who have died in the last 5 years. In addition to full brothers and sisters, please include half or step-brothers and half or step-sisters, who should be described as such under 'relationship'.

There is no need to include brothers and sisters under the age of 18.

If this section is not applicable to you, please tick here and proceed to question 41.

40	Relationship			
	Surname (now) and title (Mr/Mrs/Ms/Miss etc)			
	a. Surname (at birth) b. Any other Surname(s)			
	Full forenames			
	Date of birth			
	Town, county and country of birth			
	Nationality Present (including any dual nationality) Former nationality (if any) If naturalised give number and date of certificate If non-UK National, date of taking up permanent residence in UK			
	Full permanent address	Since _____ Postcode _____	Since _____ Postcode _____	Since _____ Postcode _____
	Present Occupation			

Your partner's parents

Please enter your partner's parents' details in boxes 41-54. As well as their natural parents, please give details (including relevant dates) of any adoptive, step-parents or legal guardians. If deceased, please enter full details in boxes below giving nationality at death in questions 45 and 52, year of death in questions 46 and 53 and former occupation in questions 47 and 54. Use continuation pages 22-24 if needed.

Father

Relationship

(If not natural parent)

 41 **Surname (now) and title** (Mr/Mrs/Ms/Miss etc)

a. Surname (at birth) b. Any other surname(s) used

 42 **Full forenames**

 43 **Date of birth** Day Month Year

 44 **Town, county and country of birth**

 45 **Nationality Present** (including any dual nationality)

 Former nationality (if any)

 If naturalised give number and date of certificate

 If non-UK National, date of taking up permanent residence in UK

 46 **Full permanent address** Since _____

 Postcode _____

 47 **Present occupation**

Mother

Relationship

(If not natural parent)

 48 **Surname (now) and title** (Mr/Mrs/Ms/Miss etc)

a. Surname (at birth) b. Any other surname(s) used

 49 **Full forenames**

 50 **Date of birth** Day Month Year

 51 **Town, county and country of birth**

 52 **Nationality Present** (including any dual nationality)

 Former nationality (if any)

 If naturalised give number and date of certificate

 If non-UK National, date of taking up permanent residence in UK

 53 **Full permanent address** Since _____

 Postcode _____

 54 **Present occupation**

Previous employment

Please enter details of any other full or part time employment you have held within the last 10 years giving the most recent employment first. Please include any periods of unemployment of 3 months or more giving the address of the relevant benefit office. Where work was obtained through an employment agency the name and address of the agency and dates only need to be given.

55 A	<p>Employer Name of employer</p> <hr/> <p>Name of immediate supervisor and position within organisation</p> <hr/> <p>Address and telephone number</p> <hr/> <hr/> <hr/> <p>Job title</p> <hr/> <p>Dates from to</p>	C	<p>Employer Name of employer</p> <hr/> <p>Name of immediate supervisor and position within organisation</p> <hr/> <p>Address and telephone number</p> <hr/> <hr/> <hr/> <p>Job title</p> <hr/> <p>Dates from to</p>
B	<p>Employer Name of employer</p> <hr/> <p>Name of immediate supervisor and position within organisation</p> <hr/> <p>Address and telephone number</p> <hr/> <hr/> <hr/> <p>Job title</p> <hr/> <p>Dates from to</p>	D	<p>Employer Name of employer</p> <hr/> <p>Name of immediate supervisor and position within organisation</p> <hr/> <p>Address and telephone number</p> <hr/> <hr/> <hr/> <p>Job title</p> <hr/> <p>Dates from to</p>

Present employment

(If you are employed in HM Forces or HM Government service, do not complete this question, but go to question 57)

Are you presently employed?

YES NO
please tick as applicable

If YES go to question 56. If NO, go to question 58 on the next page.

56 Employer

Name of employer

Name of immediate supervisor and position within organisation

Address and telephone number

Job title

Dates from to

Supervisors

To be completed by those currently serving in HM Forces or HM Government service only.

Please give details of your immediate supervisor/line manager in each posting in current HM Forces/HM Government service over the past 5 years or since joining if later, giving the most recent first. The immediate supervisor/line manager is the person who directly supervised you and saw you most frequently in each posting; for service personnel it must be someone of Petty Officer/SNCO rank or above.

57	Period From/To	Branch, Unit or Establishment in which you have served	Name (including initials where known)	Grade and present whereabouts if known (and tel. no. if possible)

Character referees

Please give details of a minimum of **three** referees who, together, must have known you well over the past 10 years. They should preferably be British citizens (but this is not obligatory) and, since it may be necessary for them to be interviewed, must be able to make themselves available for that purpose in the UK or in a major military base overseas. Referees should between them cover each specific area in which you have lived during this period: thus additional referees should be named if you have moved frequently during the last 10 years. It is not sufficient to nominate someone you know officially or professionally, such as a doctor, unless you know them socially as well. Similarly, staff members of a school, college or university should not be chosen unless they are close personal friends. **At least one of the referees should be someone in your own age group.** Referees should include a person other than a partner, who knows you well in your home environment and ideally someone (other than a supervisor or employer) who knows you well in the work environment. If more than three referees are needed to meet these requirements please use continuation pages 22-24.

58	Surname and title (now) (Mr/Mrs/Ms/Miss etc)			
	Full forenames			
	Date of birth or approximate age			
	Occupation			
	Full permanent address	Since _____ _____ _____ _____ Postcode _____	Since _____ _____ _____ _____ Postcode _____	Since _____ _____ _____ _____ Postcode _____
	Telephone no. Home Work	_____ _____	_____ _____	_____ _____
	How long have you known the referee?			

Co-residents

Please give details of anyone living with you in shared accommodation (this includes lodgers, live-in employees etc). You need not enter below details of your spouse, partner, children or of anyone whose details you have already entered in this questionnaire. Do not enter details of those who live in the same hostel or shared Service accommodation.

If this section is not applicable to you, please tick here and proceed to the section on 'Health' below.

59	Surname and title <small>(Mr/Mrs/Ms/Miss etc)</small>			
	Full forenames			
	Date of birth or approximate age			
	Occupation			

Health

Please read the following before answering the questions below and overleaf about your health.

In some cases it may be necessary to consult your doctor and you may be asked to attend a medical examination. Any enquiries will be conducted by the Civil Service Occupational Health Service (OHS). In no circumstances will these medical reports be made available to Departmental Security Officers, to Personnel Officers or to line management.

By signing the declaration on page 21, you will be giving your consent, under the terms of the Access to Medical Reports Act 1988, for a medical report to be obtained by OHS from your doctor or hospital specialist, if this is considered necessary. Under the terms of the Act, you have the right to withhold your consent for the OHS to apply to your family doctor or hospital specialist for medical information. You should note, however that if you do not sign the Declaration on page 21 or you subsequently withhold consent to the obtaining of medical reports, **this could lead to the refusal or withdrawal of security clearance.**

If you give your consent, you have the right to see information about your medical condition before it is supplied to the OHS. If you wish to see the information you will have 21 days from the date of the OHS letter notifying you that a medical report has been requested in which to ask your family doctor or hospital specialist to let you see the report. Your family doctor or hospital specialist will tell you if you cannot see any part of the report for professional medical reasons. If you are given access to your report your family doctor or hospital specialist will not forward it to the OHS until you give your consent.

If you regard any information in the medical report as incorrect or misleading, you can ask in writing for it to be amended. (Please note: if your family doctor or hospital specialist does not accept the information as incorrect or misleading, they are not required to make any amendment; but in these cases your family doctor or hospital specialist will invite you to prepare a written statement on the disputed information which will be attached to the medical report when it is sent to the OHS.) Subject to the provisions of the Act, you have a right to see information about your medical condition for up to six months after it has been sent to the OHS. If your family doctor or specialist gives you a copy of the medical report at your request, they may charge you a reasonable fee to cover the cost of supplying it.

Please note that any information provided will be treated in strict confidence. Although it may be taken into account, such information will not necessarily prevent you having a security clearance.

Now please answer the following questions about your health.

60	Do you wish to see information about your medical condition which is supplied to the OHS by your family doctor or hospital specialist?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<small>please tick as applicable</small>			

Health (continued)

61 Your doctor

Note: If you are in the armed forces, this question is not applicable, please therefore proceed to question 62.

Name of your current General Practitioner

Address

63

Certain medical conditions may cause problems that have security implications. Do you suffer, or have you ever suffered from any condition that may cause occasional and momentary loss of consciousness, for example epilepsy, insulin-dependent diabetes and certain heart conditions?

YES **NO**

please tick as applicable

If **YES**, please give full details.

62 Certain psychological conditions may have security implications. Have you suffered at any time from severe depression, mental illness, nervous breakdown/nervous debility?

YES **NO**

please tick as applicable

If **YES**, please give full details.

63

Are you aware of any matter of a medical or psychological nature and not already covered by your previous replies which might make it inappropriate for you to be employed on work involving top secret information or assets?

YES **NO**

please tick as applicable

If **YES**, please give full details.

Declaration

This should be signed in addition to the declaration on page 9.

I declare that I have read and understood the statement of HM Government's policy on vetting on page 2. I understand that this form may be submitted for checking against the records of police, security and credit agencies in accordance with that policy.

I declare that the information I have given is true and complete to the best of my knowledge and belief.

I understand that by signing below I agree to the OHS obtaining medical reports from my family doctor or hospital specialist, if this is considered necessary, and that I may be required to attend a medical examination.

I undertake to notify any material changes in the information I have given above to the Personnel or Security branch concerned.

I understand that any false statement or deliberate omission in the information I have given in this questionnaire may disqualify me for employment (including employment in connection with the Crown contracts if applicable) or make me liable to disciplinary action which may include dismissal.

Signed

Date

For official use only

To be completed by department, agency or firm

I confirm that this form is submitted in accordance with the stated policy of Her Majesty's Government and that the applicant's identity has been verified.

Name (Block Capitals)

Position within organisation

Date

Telephone

Signature

Continuation of answers

Where possible please use the same format as the original questions.

Question number	

Continuation of answers

Where possible please use the same format as the original questions.

Question number	

Continuation of answers

Where possible please use the same format as the original questions.

Question number	