RESTRICTED

DETAILS OF PERSON ON WHOM VETTING CHECK IS REQUESTED
EXCEPTED POSITIONS

TITLE (MR/MRS/MISS – Other (Dr. Rev. etc) (please print)

SURNAME:

PREVIOUS SURNAMES:

FORENAMES:

DATE OF BIRTH: **TOWN/COUNTRY OF BIRTH:**

NOTE: FOR ALL ADDRESSES, WHETHER CURRENT OR PREVIOUS, PLEASE GIVE DATES OF RESIDENCY IN MONTH AND YEAR.

CURRENT ADDRESS:_____
_____
_____**FROM:**_____

Other Addresses in previous Five years

From:_____**To:**_____
Address:_____
_____

From:_____**To:**_____
Address:_____ _____
_____

From:_____**To:**_____
Address:_____
_____

I, ……,……..
(ENTER FULL NAME)
hereby authorise The Isle of Man Constabulary to disclose such information as they consider relevant to the post for which I have applied. I understand that the post I have applied for is 'excepted' under the terms of the Rehabilitation of Offenders Act, 2001, and as such 'spent' convictions may be disclosed to the authority / organisation / department.

By signing this Vetting request form, I am granting permission to Isle of Man Constabulary to disclose convictions and cautions, which may be considered spent under the Rehabilitation of Offenders Act, 2001, on the understanding that they are only disclosed to the authorised signatory of a prospective employer, operating under a confidentiality agreement.

All personal data provided, is required to undertake a vetting check, and will be processed in accordance with the Data Protection Act 2002. For certain positions, relevant intelligence and conviction information relating to other family members or known associates may be revealed. I understand that personal data will not be disclosed to third parties unless there is a statutory obligation, or where permitted to do so by law.

You have a right to see a copy of the records relating to you that the Isle of Man Constabulary controls, and to have any factual errors corrected. To see a copy of the records, you should apply in writing to the Data Protection and Information Security Officer. A fee of £10 will be charged

Signed*:* **…… Date***:* **……..**