

DATA PROTECTION ACT, 1998

APPLICATION FOR INFORMATION HELD ON POLICE SYSTEMS

SECTION 1 – VERIFICATION OF YOUR IDENTITY

PLEASE USE BLOCK CAPITALS

Title (tick box, if appropriate) Mr Mrs Miss Ms Other (Dr, Rev)

SURNAME/FAMILY NAME

FIRST NAMES

Other/former/maiden name(s)
(including change by deed poll)

Sex (tick box) Male Female

DATE OF BIRTH

Place of Birth	Town	<input style="width: 100%; height: 20px;" type="text"/>	
	County	Country (if not UK)	<input style="width: 100%; height: 20px;" type="text"/>

ADDRESS
(To which the reply will be sent)
Include country if outside UK.

Please note: replies CANNOT be sent to 3rd parties, e.g. potential employer

<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
Postcode	<input style="width: 80%; height: 20px;" type="text"/>

Daytime contact telephone number (this will be helpful in case of query)	Home	<input style="width: 100%; height: 20px;" type="text"/>
	Business	<input style="width: 100%; height: 20px;" type="text"/>
	Mobile	<input style="width: 100%; height: 20px;" type="text"/>

Email address

If you have lived at the above address for less than 5 years, please give your previous address(es) below.
Continue on a blank sheet of paper, if necessary.

Previous Address 1

Previous Address 2

It would be helpful to know, for statistical purposes, why you are requesting this information, e.g. immigration, employment, etc. If your request is for immigration, please specify below which country this is for.

SECTION 2 – INFORMATION REQUIRED (please tick relevant box)

If you require information relating to **pending prosecutions, convictions or Fiscal Fines** on

Scottish Criminal History System

Police National Computer System (for England & Wales)

If you require information held by Northern Constabulary **other than convictions** please provide details:

Were you: (please tick box)
A person reporting an offence or incident
A witness to an offence
A victim of an offence

Other (please give details) _____

Date, time and place of incident: _____

Details of incident: _____

SECTION 3 – PROOF OF IDENTITY

To establish your identity your application must be accompanied by official original documents which show your name, date of birth, current address, signature and if possible a photograph. All this information may be held on more than 1 document. For example, a card-type photo driving licence holds all the above information. A passport has your name, photograph, date of birth and signature. A utility bill, for example, should be submitted with the passport to verify your current address.

DECLARATION - TO BE SIGNED BY THE APPLICANT

The information I have supplied in this application is correct and I am the person to whom it relates.

Applicant's signature: _____ Date: _____

WARNING – A person who impersonates or attempts to impersonate another may be guilty of an offence.

Enquiries regarding completion of the form should be made to Northern Constabulary Disclosure Manager; Tel No. 01463 720515. Fax No. 01463 720518. Email: gordon.elliott@northern.pnn.police.uk.

You make take the completed form into any police station in the Northern Constabulary area or send to: Force Information Management Unit, Disclosure Section, Northern Constabulary, Police Headquarters, Old Perth Road, Inverness, IV2 3SY

POLICE USE ONLY – TO BE COMPLETED BY MEMBER OF STAFF ACCEPTING FORM			
Date Application Received: _____	Application Checked and Legible (sections 1- 4 completed)		Yes/No _____
Identification Document checked	Yes/No _____	Document(s) Returned	Yes/No _____
Details of Document(s) _____			
Fee Paid	£ _____	Receipt No. _____	Method of Payment _____
<u>Details of Member of Staff Completing this Section:</u>			
Name: _____	Rank (if applicable): _____	Number: _____	
Area Command: _____		Station: _____	
Signature: _____		Date: _____	