**Royal Falkland Islands Police**

Royal Falkland Islands Police Headquarters, Ross Road, Stanley, Falkland Islands FIQQ 1ZZ

Telephone: (+500) 28100 | E-mail: [Seniorclerk@police.gov.fk](mailto:Seniorclerk@police.gov.fk)

**FORM-V1**

**Falkland Islands Police Certificate Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | Mr/Mrs/Ms/Miss………… | **Date of Birth** |  |
| **Surname** |  | **Forename** |  |
| **Previous or Other Surnames** | |  | |
| **Place of Birth** |  | | |
| **A1 – Full Current Address**  (including post code) |  | | |
| **A2 – Full Name and address for the original certificate to be posted/returned to if different from above (A1)**  (including post code) |  | | |
| **Contact Details**  (Mobile/E-mail) |  | | |
| **Would you like to receive an e-mailed copy of your certificate?** | | □ **YES**  Please provide your e-mail address above | □ **NO**  Your certificate will be posted to the address provided on this form |
| **Even if you have no convictions recorded with this Office, in order for a vetting certificate to be satisfactorily completed, you are still required to tick one of the above boxes which will supply this department with the necessary authority to release the information required.** | | □  **CURRENT CONVICTIONS ONLY** | □  **ALL CONVICTIONS**  **CURRENT AND SPENT** |

**\*Note:** Please allow up to 10 working days for Royal Falkland Islands Police to process your certificate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Applicant** |  | **Date** |  |
| **Signature of Legal Guardian if applicant is under 18 years of age** |  | **Date** |  |

**OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Received at RFIP** |  | **Payment Received at FPS?** | **YES NO** |
| **Certificate Reference** |  |
| **Certificate Processed By** |  | **Payment Received By**  (Signature) |  |
| **Signature** |  |