**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

**FORM-V2**

**Falkland Islands Police Certificate Application Form**

**EARLY YEARS / CHARITY ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | Mr/Mrs/Ms/Miss…………  | **Date of Birth** |  |
| **Surname** |  | **Forename** |  |
| **Previous or Other Surnames** |  |
| **Place of Birth** |  |
| **Full Current Address**(including post code)  |  |
| **Contact Details**(Mobile/E-mail) |  |
| **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** |
| **Full Name and address for the original certificate to be posted/returned to if different from above**(including post code)  |  |
| **Would you like to receive an e-mailed copy of the certificate?**This will be emailed to:Early Years Liaison Officer / Charity Trustee | **□** **YES****□ NO** | **E-mail Address** |
| **Authorisation**To be signed by Early Years Liaison Officer / Charity Trustee | **Name** | **Signature** |

**\*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** |  | **Certificate Processed By** |  |
| **Certificate Reference** |  | **Signature** |  |