

OFFICIAL-SENSITIVE (WHEN COMPLETED)
Handling Instruction: Vetting-in-Confidence



HM Government
Security Appraisal Form

For official use only: Date of issue

Case ID

You should be aware that failure to complete this form and return it to your local security unit/controller (or direct to the relevant vetting provider) within the specified deadlines could result in withdrawal of your security clearance.

Part A – Individual’s Annual Security Appraisal Form

As the clearance holder, you must complete:

- **PART A** of this form
- The ‘**Subject Details**’ at the start of **PART B**.

You must then:

- **Send PART A** by post to your vetting service provider
- **Pass PART B** to your **Line Manager/Supervisor/Security Controller** for them to fill in the remaining fields. If you have worked for them for less than 12 months, please ensure that they have the opportunity to speak to your previous **Line Manager /Supervisor/ Security Controller**

If completing the form by hand, please write in **BLACK INK** using **BLOCK LETTERS**

SUBJECT DETAILS

a. Reference number (if applicable)

(if you received an email asking you to complete this form, it will include a reference number)

b. Surname/family name:

c. Forename(s):

d. Date of birth

Day Month Year

e. Staff/service number (or Company details if a Contractor):

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Once your completed Security Appraisal Form has been received your records will be updated. Security teams/controllers or vetting officers may need to make follow-up enquiries concerning information that you provide, particularly where your personal circumstances have changed

Please contact the vetting authority or your Departmental or Site Security Officer if you have any questions relating to any aspect of this form or the annual security appraisal process.

A data processing privacy notice explaining how your data is stored and handled in the course of national security vetting is available online at <https://www.gov.uk/government/publications/national-security-vetting-privacy-notice>

1. Personal Circumstances

Have your personal circumstances changed within this appraisal period? *(Such as (a) getting married, entering a Civil Partnership or starting to live with a partner as a couple, (b) change of forename or surname, (c) criminal conviction, arrest or caution, (d) changed, new or revoked nationality, including naturalisation, (e) a substantial change in financial circumstances, both loss and gain, (f) begun living with a new co-resident in shared accommodation (DV holders only).)*

Yes No

If you answered 'Yes', have you completed and submitted a Change of Personal Circumstances form to report these changes?

Yes No

- **IMPORTANT** - It is your personal responsibility to complete a Change of Personal Circumstances (CPC) form as soon as any of these events occur.
- Failure to do so can result in your clearance being withdrawn.
- If you have not already done so, you must now complete and submit a CPC form to inform us of your change of circumstances.

If you answer 'Yes' to any of the following questions in Section 2, 3 or 4, please give details on the continuation sheet (Page 6), quoting the question number.

2. Personal Concerns

- | | | |
|--|-----|----|
| a. During this appraisal period have you experienced, or are you currently experiencing, any serious personal difficulties? <i>(For example, ill health, legal troubles, domestic/marital problems.)</i> | Yes | No |
| b. Has the amount of alcohol you regularly consume increased? | Yes | No |
| c. Please estimate the number of units of alcohol that you regularly consume in a week: | | |
| d. Have you experienced an alcohol-related illness or has your performance at work been affected by your consumption of alcohol? | Yes | No |
| e. Have you taken illegal drugs or had any issue with prescription medication in the last 12 months? | Yes | No |
| f. Have you sought medical advice or received treatment for alcohol or drug use/addiction in the last 12 months? | Yes | No |

3. Personal Associations

- | | | |
|--|-----|----|
| a. Have you associated with any political or religious group that has views which conflict with your department's or organisation's values, goals or policies (includes any conversations or contact either in person, by phone, through social media or any other route)? | Yes | No |
| b. Do you or any of your close family or friends have associations (including overseas connections) with individuals, organisations that could cause concern or be used to place pressure upon you as an individual? | Yes | No |

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- | | | |
|--|-----|----|
| c. Have you conducted any activity or formed any connections online/through social media etc. that could be exploited or used to apply pressure on you? | Yes | No |
| d. Have you publically discussed details about your role and/or security clearance which could make you vulnerable to being targeted by an external actor? (<i>e.g. through social media or personal profiles</i>) | Yes | No |
| e. Have you engaged in any activity via social media or internet sites that could be used to embarrass or place pressure on you (<i>e.g. exchange of explicit images</i>)? | Yes | No |

4. Employment Concerns

- | | | |
|---|-----|----|
| a. Do you have any reservations, moral or otherwise, about any aspect of your work or the wider activities of your employer/ government organisation? | Yes | No |
| b. Have you been the subject of any disciplinary action, complaint or grievance in this period? | Yes | No |
| c. Have you committed any security breaches during this appraisal period? | Yes | No |

If you have answered yes to any of the questions in sections 2-4, please give details below. Continue on the next page if necessary.

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Continuation sheet (for use by the clearance holder):

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5. Please provide details of your current Line Manager, Supervisor or Security Controller, to whom you will be passing Part B of this form.

Surname/family name:

Title/rank:

Forename(s):

Post title:

Current address:

Name of Organisation:

Type of address: UK Overseas BFPO

Please fill in the fields which are applicable:

Building number:

Building name:

(BFPO addresses only)

Name/Rank/Number:

BFPO Code:

Address Line 1:

Address Line 2:

Address Line 3:

Town:

County (or Region/Area/State
for overseas addresses):

Postcode (or equivalent, where applicable,
for overseas addresses):

Country (if not UK or a BFPO address):

Telephone number:

Email:

STATEMENT

- I understand my obligation to inform the Departmental, Site Security Officer, Security Controller or vetting provider (as required by the policy in my area) of any material changes in my circumstances.
- I have today passed Part B of this form to the appropriate line manager/supervisor.

Signature: **Date:**

PLEASE RETURN PART A TO BY POST TO YOUR VETTING PROVIDER AND ASK YOUR LINE MANAGER, SUPERVISOR OR SECURITY CONTROLLER TO COMPLETE PART B.

Information contained in this document may be subject to exemption under the Freedom of Information Act (in particular the National Security exemptions in sections 23 and 24). Before considering information in this document for release under the Act, you should contact the National Security Secretariat in the Cabinet Office for advice.

Part B – Line Manager’s assessment of the Annual Security Appraisal Form

This section is to be completed by the clearance holder:

SUBJECT DETAILS (the person who is being reported on):

a. Reference number (if applicable)

(if you received an email asking you to complete this form, it will include a reference number)

b. Surname/family name:

c. Forename(s):

d. Date of birth

Day Month Year

e. Staff/service number (or Company details if a Contractor):

f. Current work address:

Name of Organisation:

Type of address: UK Overseas BFPO

Please fill in the fields which are applicable:

Building number: Building name:

(BFPO addresses only)

Name/Rank/Number:

BFPO Code:

Address Line 1:

Address Line 2:

Address Line 3:

Town:

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County (or Region/Area/State
for overseas addresses):

Postcode (or equivalent, where applicable,
for overseas addresses):

Country (if not UK or a BFPO address):

g. Telephone number:

h. Clearance currently held:

i. Period of security appraisal: From: ~~At~~o: ~~At~~
Month Year ~~At~~Month Year

The rest of the form is to be completed by the clearance holder's line manager or supervising officer

- The annual Security appraisal of the vetting subject named above is now due and you are understood to be the Supervising Officer for that individual.
- Line Managers/Supervising Officers are required to complete an annual security appraisal for individuals in DV posts (or those with Enhanced SC clearance). Appraisals should provide an honest, accurate assessment of the subject's character, conduct and reliability.
- **If you do not consider yourself suitable to assess the individual who has passed you this form it is your responsibility to identify who is and to ensure they complete the following**
- If completing by hand, please write in **BLACK INK** using **BLOCK LETTERS**
- **After you have completed this form, please return it by post to the vetting provider.**

Date on which you received the form from the clearance holder:

Day Month Year

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Your details:

Your surname/family name:

Your forename(s):

Current Work Address:

Name of Organisation:

Type of address: UK Overseas BFPO

Please fill in the fields which are applicable:

Building number: Building name:

(BFPO addresses only)

Name/Rank/Number:

BFPO Code:

Address Line 1:

Address Line 2:

Address Line 3:

Town:

County (*or Region/Area/State
for overseas addresses*)

Postcode (*or equivalent, where applicable,
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Country (*if not UK or a BFPO address*):

Telephone number:

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1. Contact with the Subject

a. For what period has the Subject been under your supervision?

From:

To:

Month

Year

Month

Year

b. How much contact do you have with the Subject at work?

Daily

Weekly

Less frequently than weekly

c. Have you supervised the individual for the full 12 month appraisal period?

Yes

No

d. Do you have any reservations about supervising the Subject/accounting for their reliability in this context? (You should highlight any concerns, however small they may seem.) If so, please give details. Use the continuation sheet (Page 18) if necessary.

Yes

No

2. Personal Qualities

Do you have any concerns regarding the Subject's :

a. Approach and commitment to their job or work performance over the appraisal period?

Yes

No

b. Security Awareness (e.g. their attitude towards personal, physical and IT security procedures). Please note any security breaches or poor security behaviour that have occurred during the period involving the individual.

Yes

No

If you have answered 'Yes' to either of these questions, please give details below. Use the continuation sheet (Page 18) if necessary.

3. Behaviour

To the best of your knowledge, has the Subject shown any evidence of:

| | | |
|--|-----|----|
| Misuse of drugs? | Yes | No |
| Misuse of alcohol? | Yes | No |
| Unreliability/dishonesty/untrustworthiness/indiscretion? | Yes | No |
| Significant financial difficulties or unexplained affluence? | Yes | No |
| Conduct liable to lead to vulnerability to blackmail? | Yes | No |
| Views or actions conflicting with your organisation's values or (where applicable) the Civil Service Code? | Yes | No |

If you have answered 'Yes' to any of these questions, please give details below. Use the continuation sheet on the next page if necessary.

4. Other Information

Are you aware of any other grounds that might cast doubt upon the Subject's continued suitability for security clearance? If so, please give details below. If necessary please use the continuation sheet on the next page.

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Continuation sheet (for use by the line manager):

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Please sign and date the form, and return it by post to the vetting service provider.

Signature: **Date:**

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