# Request for the release of AFP Personnel Security Vetting information

Please read the following instructions prior to completing this form.

**What this form is for**

This form is to be used by members and former members of the AFP, or their next of kin, advocate or third party to request information held by Personnel Security Vetting (PSV). All fields must be completed. Incomplete forms will not be actioned.

Please note: no information will be provided to anyone other than the member or former member unless written authorisation has been provided by that person. If that person is deceased, proof of death and proof of relationship must be provided, including identity documents.

**Proof of identification of the requesting person**

Identification of the requesting person must be provided. Acceptable forms of identification include one of the following:

* an email from the requesting member’s official AFP email address
* a copy of an official identity document which includes the signature and/or photo (e.g. passport, driver’s licence, pension card, tertiary institution ID card). **Do not** provide credit card information as a form of identification.

**Proof of relationship**

For anyone other than the member or former member, proof of relationship must be established through documents such as: marriage, birth or death certificates, powers of attorney or statutory declaration.

**Proof of name change**

Where necessary, proof of name change is required to establish proof of identification and/or proof of relationship (e.g. marriage certificate, deed poll, etc).

**Timeframes**

Completion of requests for information vary depending on their complexity. If you have an urgent requirement to access records, please specify this on the request form.

**How will records be provided?**

By completing this form, the member or former member consents to having their personal vetting information copied and sent to themselves or the nominated alternate person. The requested information will be sent by email or post to the address nominated on the form.

**Submission of this form**

Send the completed form plus form plus identification documents by email to [security-vetting@afp.gov.au](mailto:security-vetting@afp.gov.au).

Alternatively, you can send the completed form and identity documents by mail to:

Personnel Security Vetting

Mail Point 641

GPO Box 401

Canberra ACT 2601

**More information**

Contact PSV on +61 2 5126 9303 or by email at security-vetting@afp.gov.au

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Current member/former member personal details | | | | | |
| Surname | Given Name/s | | | | AFP ID Number |
| Other names known by | | Date of birth | | Date of death (if applicable) | |
| Current address | | | | | |
| Postal address (if different to above) | | | | | |
| Email address | | | Phone contact (business hours) | | |
| Period of service (if applicable) | | | Date ceased employment (if applicable) | | |
|  | | | | | |
| Next of Kin/Advocate/Third party details (if not the current member/former member detailed above) | | | | | |
| Full name | | Relationship to the member/former member | | | |
|  | | | | | |
| **Records Requested** | | | | | |
| Security vetting forms completed by the member/former member  Security vetting history (grant dates)  Interview recordings  Personal documentation (certificates of identity, passports, licences, etc)  Certificates of service  Educational documentation  Payslips  Proof of residency  Other | | | | | |

|  |
| --- |
| **Authorisation** |
| Member/former member signature……………………………………………………………. Date……………/…………/……………… |
| Tick box if applicable (member/former member to complete)  I, ………………………………………………………………………authorise the person listed under ‘Next of Kin/Advocate/Third party’ to receive the information I have requested. |
| Next of Kin/Advocate/Third party signature…………………………………………………… Date……………/…………/……………… |

|  |
| --- |
| **PSV Approval** |
| CPSV signature Date  ……………………………………………………… ……………/…………/……………… |
|  |
| **PSV Action** |
| Date information released: ……………/…………/………………  Emailed  Posted  Received in person  Actioned by:  Name:……………………………………………Signature…………………………………………………….Date:…………./………../………… |

For further information please contact PSV by email at [security-vetting@afp.gov.au](mailto:security-vetting@afp.gov.au) or by phone +61 2 5126 9303.