

# OFFICIAL SENSITIVE (when completed)

**NATIONAL CONTRACTORS VETTING SCHEME REGISTRATION FORM**

|  |  |
| --- | --- |
| Company name: |  |
| Companies House registered number: |  |
| Company registered address: |  |
| Correspondence address:*(if different from above)* |  |
| Invoice address:*(If different from above)* |  |
| Email address for invoices: |  |
| Main Point of contact:*(this will be the person responsible for managing the vetting applications)* |  |
| POC Email address: |  |
| Main Telephone: |  |
| Name(s) and emails address(es) of person(s) who will require access the portal:*(in addition to the above if required)* |  |
| Email addresses: |  |
| Name of police forces to whom you are contracted to provide services |  |
| Brief details of your business in the police forces: |  |

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To be able to align our resources to meet your vetting needs and deliver the result to you within our Service Level Agreement (SLA) targets please provide me with the below information:

We are unlikely to be able to Vet all of your staff at the required level in one tranche. Therefore, please consider how you will ‘feed in’ the applications in a gradual way so that the few with the highest level are in place before the bulk/volume are submitted. If you intended to submit applications in groups of more than 15-20 per month we would need a separate discussion so that we could meet the SLAs.

How many Applications for Vetting Clearance (and in which categories) are you likely to submit after registration on the NCVS?

|  |  |
| --- | --- |
|  | **Number of APPLICATIONS** |
| **Product / Service** | **MTH 1** | **MTH 2** | **MTH 3** | **MTH 4** | **MTH 5** | **MTH 6** | **MTH 7** | **MTH 8** | **MTH 9** | **MTH 10** | **MTH 11** | **MTH 12** | **TOTAL 1ST YEAR** | **EXPECTED IN****2ND YEAR** |
| **NPPV 1** | **valid 1 year** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **NPPV 2 (ABBREVIATED)** | **valid 3 years** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **NPPV 2 (FULL)** | **valid 3 years** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **NPPV 2 + CTC or SC** | **valid 3 years** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **NPPV 3** | **valid 7 years** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **NPPV 3 + SC** | **valid 7 years** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **Organisation** |  |  |
| **Signed** |  |
| **Date** |  |

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