

Personal Particulars - Research Workers

Purpose

Completion of this form is required in order for Dstl to conduct the Dstl and MOD administrative checks necessary to place a Contract with the Contractor.

This form is also to be completed by any Dstl sponsored PhD student to ensure that the Dstl and MOD administrative checks can be conducted.

Please complete this form in BLOCK LETTERS and return to the appropriate Dstl Commercial Department immediately. Parts 1 & 2 are to be completed by the research worker and Part 3 by the contractor/research body/academic institution administrator.

Part 1 – Contract Details

Contract/agreement number (incl. Sub-contract nos. where applicable): Click here to enter text.	
Does this refer to a Dstl Sponsored PhD?	
Name of contractor/research body/academic institution:	Click here to enter text.
Postal address:	Click here to enter text.
Title of project: Click here to enter text.	
Project/PhD start date: Click here to enter a date.	Project/PhD finish date: Click here to enter a date.
Name and position of lead researcher or manager of project: Click here to enter text.	

Part 2 – Personal Details of Research Worker/Dstl Sponsored PhD Student

Forename(s): Click here to enter text.		Surname: Click here to enter text.	
Have you used any other names, e.g. marriage, maiden name, change by deed poll? Choose an item.			
If 'Yes' please provide details of all names previously used below:			
Previous Name: Click here to enter text.		Month/Year of Name Change: Click here to enter text.	
Previous Name: Click here to enter text.		Month/Year of Name Change: Click here to enter text.	
Date of Birth: Click here to enter text.		Place of Birth: Click here to enter text.	
Current Nationality: Click here to enter text. You must include all elements of any current Dual Nationality that you hold.			
Previous Nationality and Dual Nationality: Click or tap here to enter text. From: Click or tap here to enter text. To Click or tap here to enter text.			
Please provide details of any periods of residence abroad (over 3 months), e.g. 2010, spent 6 months in Russia as part of language degree course. Click or tap here to enter text.			
Passport Details (please provide details of all passports held):			
Passport Number:	Date of Issue:	Country of Issue:	
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	

Current Home Address:

Click here to enter text.

Month/Year moved in to current address: Click here to enter text.

If you moved in to your current address less than 6 months ago please provide full postal address(es) to cover the 6 month period; include the month/year that you moved in/out:

Previous Home Address(es):

Click here to enter text.

Month/Year moved in to previous address(es): Click here to enter text.

Month/Year moved out of previous address(es): Click here to enter text.

Lodging/Correspondence Address(s) used:

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Mobile Phone Number(s): Click here to enter text.

Land Line Phone Number(s): Click here to enter text.

Email Address(es): Click here to enter text.

Academic Qualifications: State class of honours, University and date of conferment (where applicable):

Click here to enter text.

I confirm that the information I have given in Parts 1 and 2 of this form is accurate to the best of my knowledge and belief. I acknowledge that failure to disclose any of the information requested or the provision of inaccurate information may result in me being unable to work on Dstl EMR contracts or to be sponsored by Dstl for a PhD. I understand that it might be necessary for me to attend an interview at a Dstl site prior to commencing work on the project referenced above.

Signature:	
Name (in full): Click here to enter text.	Date: Click here to enter a date.

Action

When complete please take this form and a copy of your CV to the University Administration Office/Employer's Human Resources Officer, or similar, for completion of Part 3. Non-UK and dual nationals will also need to take their passport(s) or international identity card(s) so that a certified true copy can be taken and included with this form.

Part 3 Confirmation of Immigration Status

Is the research worker/student a sole UK National (i.e. they do not hold any dual nationality)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes no further action is required and the form is to be signed and returned to the address below. If No please complete the all fields below.		
Passport <input type="checkbox"/> International Identity Card <input type="checkbox"/> ✓ to indicate which document(s)		
Country of Issue:	Number:	
Country of Issue:	Number:	
<p>A copy of the above referenced identity document(s) must be attached to this form, signed, dated and certified as a true copy by the University Administrator/Employer's Human Resources Officer or similar. The copy is to include all passport pages containing visas and entry/exit border control stamps and the entire identity page (including the chevrons). Failure to provide this information and the required document copies will result in a delay in the processing of this application.</p> <p>Please ✓ <input type="checkbox"/> to confirm copy(ies) attached.</p>		

The research worker/student detailed above is (✓ to indicate which statement applies):

- from the European Economic Area or Switzerland and is therefore able to study and/or work in the UK without any restrictions. ☐
- from outside the European Economic Area or Switzerland and has the appropriate immigration status (in accordance with the requirements of the [UK Border Agency](#)) to study and/or work in the UK at the academic institute detailed in Part 1 above. ☐

I confirm that the information I have given in Part 3 of this form is accurate to the best of my knowledge and belief.

Name (printed):		Date:	
Signature:		Position:	

Action

When complete return this form and attachments to:

[Click here to enter text.](#)

Or scan form to include signatures and email (with attachments) to:

[Click here to enter text.](#)