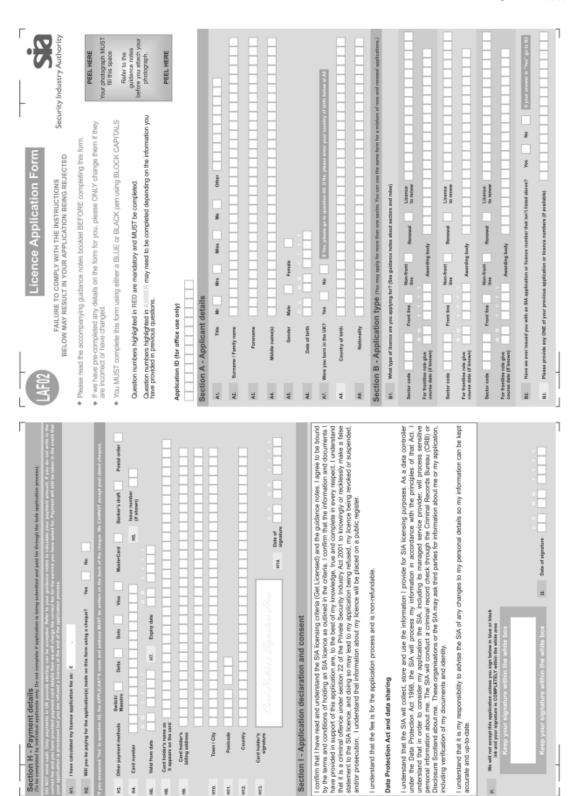
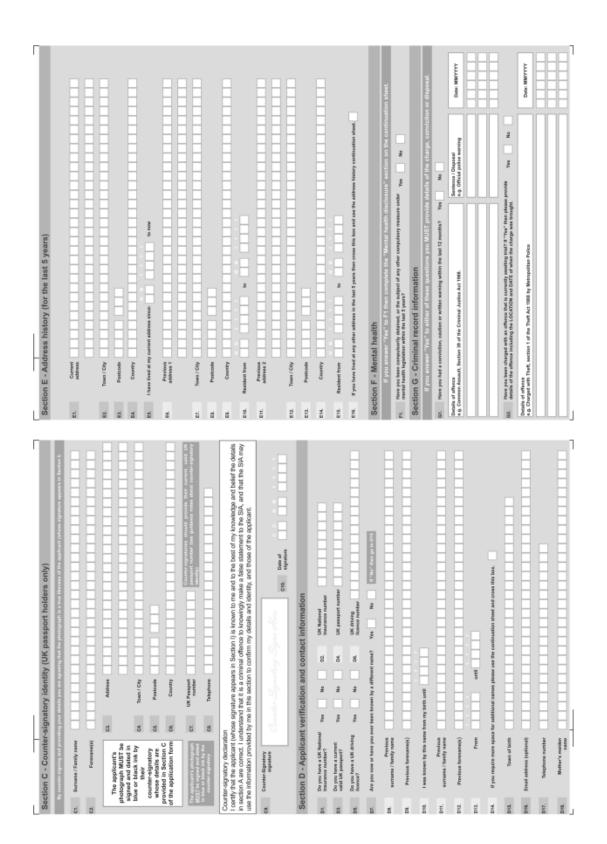
## SCHEDULE 1

Regulation 4(1)(b)





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Resident from

## **Continuation Sheet**



Security Industry Authority If you need to use this sheet please fill in the appropriate information in the boxes below Either provide this: Application ID (if known) Or provide this: Surname / Family name Address history continuation Previous address Town / City Previous address Town / City Postcode Country Resident from Previous address Town / City Postcode Country

to

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## **Continuation Sheet**



Security Industry Authority If you need to use this sheet please fill in the appropriate information in the boxes below Either provide this: Application ID (if known) Or provide this: Surname / Family name Date of birth Additional names continuation Previous surname / Family name Previous forename(s) Previous surname / Family name Previous forename(s) From Previous surname / Family name From Mental health disclosure If you answered "Yes" to question F1 on the main application form you must provide the reasons for your compulsory detainment, or other compulsory measure under mental health legislation. You must also provide the date and period that you were detained for and the name and address of the hospital/doctor or other person supervising your detention. If you cannot provide this, please give the name and address of your GP. In providing this information you are allowing us to request information about your detention in order to help us come to our decision about your suitability for a licence.