

**OFFICIAL - SENSITIVE (when completed)**

Biometric Material – Deletion Request

**Application Form**

The information supplied in connection with this request will be used for the purpose of processing this request and to ensure the accuracy of police systems where applicable.

This form should not be used for applications for the deletion of your criminal history and criminal conviction information or any other data held by PSNI or disclosed by PSNI to other bodies who can lawfully seek disclosure of such data, e.g. Access NI. **Where the PSNI Biometric Ratification Committee approves the deletion of your biometrics, this will not amend your criminal record.** Information on enacting other rights under data protection legislation is detailed on the external PSNI website under [Advice and information / information about yourself](https://www.psni.police.uk/advice_information/information-about-yourself/).

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| Have you previously submitted a biometric deletion request to PSNI? | | |
| Yes  No | | |
| |  | | --- | | Office use only: |   **Personal Information** | | |
| Title: | | Mr  Mrs  Miss  Ms  Other (please specify): |
| All Forenames: | |  |
| Surname:  (Family name) | |  |
| Previous Name: | |  |
| Date of birth: | |  |
| Place of Birth: | Town: |  |
| Country: |  |
| Gender: | | Click here to enter text. |
| Current Address:  This is the address the PSNI will send the decision letter to and should match your proof of address. | | Click here to enter text. |
| Address provided when arrested/charged:  Write AS ABOVE if this address is the same as current address. | | Click here to enter text. |

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| **Contact Details** | | | | | | | | | | | |
| Providing these details may reduce any delay in processing your application should the Police need to contact you to clarify any of the information you have given. By providing these details you give consent for the police to make contact with you by this method. | | | | | | | | | | | |
| Contact Tel No 1: | | Click here to enter text. | | | Contact Tel No 2: | | | | Click here to enter text. | | |
| Email Address: | | Click here to enter text. | | | | | | | | | |
| Biometrics that you are applying to have deleted. | | | | | | | | | | | |
| DNA profile |  | Fingerprints | |  | Photograph | |  | | |
| **Proof of Identity** | | | | | | | | | | | |
| It is essential that the Police establish they are providing information to the correct person. You must enclose official proof(s) of identity which clearly shows your name, date of birth and current address. If you are sending more than one document they must be in separate files. It will assist us with processing your request if at least one proof is a photographic identity document such as your passport or driving licence. | | | | | | | | | | | |
| Passport (photo page) | | | Driving Licence (photo) | | | Other | | And  proof of address | | | |
| **Grounds for Biometric Deletion** | | | | | | | | | | | |
| The PSNI Biometric Deletion Process sets out the grounds under which an application can be considered. Please identify the reason(s) below which you consider to be the grounds on which you make this application. | | | | | | | | | | | |
| **Need for police retention.** Where you consider that there is no need for police to retain your biometrics having regard to the circumstances for which they were taken, the outcome of any investigation or prosecution and your rights under ECHR, Data Protection Act 2018 or any other legal right. | | | | | | | | | | |  |
| **Unlawfully taken**. Where it is established that your DNA or fingerprints were taken unlawfully. | | | | | | | | | | |  |
| **No crime.** Where it is established no crime has been committed. For example, a sudden and unexplained death where an individual is arrested and their biometrics taken but after post mortem examination it is determined that the deceased person died of natural causes and not as a result of third party involvement. It should be noted that a Public Prosecution Service decision not to prosecute a person, or being acquitted or found ‘Not Guilty’ at Court, does not necessarily mean that no crime was committed. | | | | | | | | | | |  |
| **Proven Alibi.** Where there is corroborative evidence that you have a proven alibi and as a result have been eliminated from the enquiry after being arrested. | | | | | | | | | | |  |
| **Incorrect disposal.** Where the disposal options applied by the police following your arrest are found to have been administered incorrectly. | | | | | | | | | | |  |
| **Unlawful arrest.** Where your biometrics were taken as a result of an unlawful arrest. As only a court can determine that an arrest was unlawful, please provide details of any court proceedings that have made a finding of unlawful arrest. | | | | | | | | | | |  |
| **Mistaken identity.** Where your biometrics were taken as a result of mistaken identity. | | | | | | | | | | |  |
| **Judicial recommendation.** If, in the course of court proceedings, a magistrate or judge makes a recommendation that your DNA, fingerprints or custody photograph should be deleted. | | | | | | | | | | |  |
| **Another person convicted of the offence.** Where the conviction of another person for the offence **may** constitute grounds for the deletion of your DNA and fingerprints. | | | | | | | | | | |  |

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| Incident 1 – Details of event leading to arrest, charge or issuing of a Penalty Notice for Disorder (PND), if known.  (Where there is more than one incident use the incident detail pages after the Applicant Declaration section to detail any other incidents.) | | | | | |
| The station that dealt with your incident. | | Station | Click here to enter text. | | |
| Name of the police officer who dealt with your incident. | | Click here to enter text. | | | |
| Date and time that you were arrested, charged, issued a PND. | | Date: | | Time: | |
| The offence(s) for which you were arrested, charged, or issued a PND. | | Click here to enter text. | | | |
| Please provide details of the circumstances of your arrest, charge or why you were issued with a PND.  Please provide detailed evidence below to support the grounds selected above.  This will assist the chief officer’s decision making process. (Further information can be added on the continuation page if necessary.) | | | | | |
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| Continuation page | | | | | |
| Please add any additional information on this page | | | | | |
| **Applicant declaration** | | | | | |
| 1. I understand the questions asked in this application and I confirm that the information I have supplied is accurate and I am the individual to whom it relates. 2. I enclose with my application a copy of a current identification document and a copy of a proof of current address which will assist the Police in establishing that I am the person to whom this application relates. 3. If I am a parent/guardian acting on behalf of the applicant then I have enclosed a copy of proof of identity, proof of relationship to applicant and current address pertaining to me. 4. If I have Power of Attorney for the applicant, I have enclosed a copy of the Power of Attorney documents with this request. 5. If I am a legal representative acting on behalf of the applicant then I have enclosed a signed letter of authority dated within the last 6 months to reflect this. 6. I understand that this application can be delayed if:  * I fail to complete the application form correctly or enclose the incorrect identity documents. * I remain under investigation for any offence.  1. I understand that the result of my application will be notified to me in writing at the current address I have provided on this form. Alternatively, I can elect to receive this written notification as an attachment by email to the email address I have provided. 2. I understand that a person who impersonates or attempts to impersonate another person without their knowledge may be guilty of an offence. | | | | | |
| I would like the result of my application to be sent to me by:  Note – if no option is selected, the decision letter will be sent via POST | Post, sent to my current address provided above. | | | |  |
| Email, sent to my email address provided above. | | | |  |
| *PLEASE NOTE: EMAIL DECISION LETTERS DO NOT BEAR A WET SIGNATURE. IF YOU REQUIRE A WET SIGNATURE, PLEASE SELECT A POSTAL RESPONSE.*  ***Email decisions will be sent to the email address specified above****. Please be aware that whilst the email response will be sent from PSNI’s secure network, unless you have a secure email address the delivery to your personal inbox is insecure via the public internet. PSNI cannot accept responsibility for any loss or inappropriate access to the response once it has left our secure network. It is also the responsibility of the applicant to ensure that the email address submitted is accurate*. | | | | | |
| By ticking this box I (the applicant) acknowledge the applicant declarations above.  Date  **For Appropriate Adults only (Parents / Guardian of applicants under 18 years of age)**  By ticking this box I (appropriate adult) acknowledge and understand the applicant declarations above on behalf of the applicant.  Date | | | | | |

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| **Application check list** | |
| Application (fully completed and declarations acknowledged). |  |
| Proof of identity document enclosed (copies will not be returned). |  |
| Proof of current address (copies will not be returned). |  |
| Any additional documents to support your application. |  |
| Correct postage costs (PSNI will not accept additional postal charges). |  |
| Documents are not stapled or pinned together. |  |
| Please send your completed application and associated documents via email:  Email address: [**BiometricRequests@psni.police.uk**](mailto:BiometricRequests@psni.police.uk)  Or via post to: **PSNI Biometric Ratification Committee, PSNI Seapark, 151 Belfast Road, Carrickfergus. BT38 8PL** |  |

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| Incident 2 – Details of event leading to arrest, charge or issuing of a Penalty Notice for Disorder (PND), if known. | | | |
| The station that dealt with your incident | Station | Click here to enter text. | |
| Name of the police officer who dealt with your incident. | Click here to enter text. | | |
| Date and time that you were arrested, charged, issued a PND. | Date: | | Time: |
| The Offence(s) for which you were arrested, charged or issued a PND. | Click here to enter text. | | |
| Please provide details of the circumstances of your arrest, charge or why you were issued with a PND.  Please provide detailed evidence below to support the grounds selected above.  This will assist the chief officer’s decision making process. (Further information can be added on the continuation sheets if necessary.) | | | |
| Click here to enter text. | | | |

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| Continuation page |
| Please add any additional information on this page |
| Click here to enter text. |

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| Incident 3 – Details of event leading to arrest, charge or issuing of a Penalty Notice for Disorder (PND), if known. | | | |
| The station that dealt with your incident. | Station | Click here to enter text. | |
| Name of the police officer who dealt with your incident. | Click here to enter text. | | |
| Date and time that you were arrested, charged, issued a PND. | Date: | | Time: |
| The Offence(s) for which you were arrested, charged or issued a PND. | Click here to enter text. | | |
| Please provide details of the circumstances of your arrest, charge or why you were issued with a PND.  Please provide detailed evidence below to support the grounds selected above.  This will assist the chief officer’s decision making process. (Further information can be added on the continuation sheets if necessary.) | | | |
| Click here to enter text. | | | |

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| Please add any additional information on this page |
| Click here to enter text. |

