

EXTRACT REQUEST

From the criminal record and criminal suspects register for staff performing certain activities for functionally impaired children

Date

Send to:
Polismyndigheten
Box 757
981 27 Kiruna

Please write in **BLOCK LETTERS**. Don't forget to sign your name.

Your personal data	
Personal ID number (YYYYMMDD-XXXX)	Surname
<input type="text"/>	<input type="text"/>
First name	E-mail address
<input type="text"/>	<input type="text"/>
Address (Note! Extracts may not be sent direct to an employer)	
<input type="text"/>	<input type="text"/>
Postal code	City/town, country
<input type="text"/>	<input type="text"/>
<input type="checkbox"/> The above address is not my registered address	

To be completed by citizens of the UK or EU country outside Sweden		
Sex	Date of birth (digits: DD/MM/YYYY)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	
Mother's name	Father's name	
<input type="text"/>	<input type="text"/>	
Foreign ID number	Place of birth (country and city/town)	
<input type="text"/>	<input type="text"/>	
EU citizenship 1:	EU citizenship 2:	EU citizenship 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

I want my extract to be sent by regular mail instead of digitally

Signature**Applicant's signature (required)**

Date	Place	<input type="text"/>
Name clarification		

Request for an extract from the criminal record and criminal suspects register for staff performing certain activities for functionally impaired children

General information

This form is intended for persons who

- are offered employment, are employed by a temporary employment agency or who are under contract with the operator of such activities if the contractor/employee is offered or assigned work involving support and activities for functionally impaired children.
- are offered training involving support and service activities for functionally impaired children.
This does not apply to parents carrying out activities for their own children.
- are offered employment as a personal assistant to someone entitled to personal assistance.

According to the Law (2010:479) regarding criminal record and criminal suspects register record checks of staff performing certain activities for functionally impaired children, an extract from the Police Authority's criminal record is required in the cases listed above.

The record extract is valid for 6 months from the date of issue. You must show the original to the person who employs, hires or receives you in accordance with the above points. You may then retain the original.

Normal processing time is about 2 weeks, but if the form is incomplete or illegible, it may take longer.

If you have a digital mail box the extract will be sent there. If you want the extract to be sent by regular mail, please check the box regarding this on the form.

Your personal data

<i>Personal ID number</i>	Please provide your personal identity or coordination number. If you do not have a Swedish personal identity or coordination number, provide your date of birth (YYYY-MM-DD).
<i>Surname and first name</i>	Please be sure to provide your full name (all first and last names).
<i>E-mail address</i>	Please provide your e-mail address.
<i>I would like the extract to be sent to the following address</i>	Please provide the address where the extract shall be sent. Please note that the extract will not be sent directly to the employer.
<i>Postal code</i>	Please provide your postal code.
<i>City/state and country</i>	Please provide city/state and country.
<i>The above address is not my registered address</i>	Check the box if the address you have entered is not your registered address.

Complete this section only if you are a citizen of the UK or EU country outside Sweden.

This also applies to those with dual/multiple citizenship.

<i>Gender</i>	Indicate your gender by ticking a box.
<i>Date of birth</i>	Provide your date of birth (DD-MM-YYYY).
<i>Mother's name</i>	Provide your mother's first and last name.
<i>Father's name</i>	Provide your father's first and last name.
<i>Foreign ID number</i>	Provide your foreign ID number, if you have one.
<i>Place of birth</i>	Provide the country and city/town where you were born.
<i>Citizenship</i>	Here enter the country/countries of which you are a citizen. Countries that can be entered are the UK and EU countries outside Sweden. Specify up to three countries.

The Police Authority will process your personal data in accordance with the EU Data Protection Regulation and other applicable legislation. The data are necessary to process your request, which is part of the police's exercise of official authority. Your personal data will only be stored as long as necessary for the purposes of the processing. However, information contained in public documents must be managed for archiving and may be disclosed in accordance with the principle of public access to official documents.

You can read more about your rights at polisen.se/personuppgifter/rattigheter