Insert your organisation logo here.

# Annual Security Appraisal Form

### FOR MANAGERS OF NATIONAL SECURITY CLEARANCE HOLDERS

Completing this form is a mandatory part of the management process for all national security clearance holders. If a clearance holder’s line manager is not available or unable to comment, another manager with adequate knowledge of the clearance holder should complete this form.

If your organisation shares a clearance, the sharing agreement between organisations determines who completes the assessment.

*This form must be completed every year, either on the anniversary date of the security clearance or at a date your organisation chooses.*

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| --- | --- | --- |
| *This section to be completed by security team or chief security officer prior to sending out.* | | |
| Reference number  Reference number | Date:  dd/MM/yyyy | Reporting Period  dd/MM/yyyy – dd/MM/yyyy |

## Manager details

|  |  |
| --- | --- |
| Line managers name (may or may not work for the sponsoring organisation) | Managers full name |
| Job title | Job title |
| Organisation | Organisation |
| Clearance holder’s name | Clearance Holder |
| Holder’s clearance level |  |

## Details about the clearance holder

*Please answer the following questions about the clearance holder to the best of your ability. If any of your responses are adverse,   
expand on your response as necessary in the space provided.*

|  |  |  |
| --- | --- | --- |
| 1. Are you aware of the clearance holder having access to classified information? (CONFIDENTIAL, SECRET, or TOP SECRET) | | Yes Give details below  No Go to question 2. |
| * 1. What was the highest classification of information they accessed? | |  |
| * 1. How often did they access classified information? | |  |
|  | | |
| 1. Are you satisfied with the clearance holder’s attitude to security? | | Yes Go to question 3.  No Give details below. |
|  | Attitude details | |

|  |  |  |
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| 1. Does the clearance holder abide by your organisation’s security policies?  For example, policies for IT systems and access controls. | | Yes Go to question 4.  No Give details below. |
|  | Provide details here | |
|  | | |
| 1. Are you aware of any grounds for doubting the clearance holder’s suitability for continued access to classified information, assets, or work locations? | | Yes Give details below.  No Go to question 5. |
|  | Provide details here | |
|  | | |
| 1. In the past year, has the clearance holder informed you of any significant changes in  their personal circumstances? | | Yes Give details below.  No Go to question 6. |
|  | Provide details here | |
|  | | |
| 1. How often do you have contact with the clearance holder outside work hours? | | Often  Occassionally  Not at all |
|  | | |
| 1. Do you have any security concerns about the clearance holder which should be discussed with the chief security officer? | | Yes  No |
|  | | |

*Do you have any further comments?*

|  |
| --- |
| Managers comments |

|  |
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| Once you have completed this form, email a copy of this form to [enter details of form here]. |