

# Appendix C

## NEIGHBOURHOOD WATCH CO-ORDINATOR APPLICATION FORM

**CONFIDENTIAL**  
PLEASE SUBMIT 2 ID PHOTOGRAPHS  
WITH YOUR COMPLETED APPLICATION FORM



### PERSONAL DETAILS:

First name(s):	Surname:
Previous surname(s) if applicable:	Date of Birth:
Full postal address:	
Telephone Day:	Evening:
Email:	Fax:
What is the area of the proposed scheme?	
Community contact details: (If different from above)	
Name:	Tel No:
Address:	

### REFERENCES

Please give details of two people (not family members) who have known you for at least 2 years who could provide a reference.

Name: _____ Address: _____ Telephone (Inc Area Code): _____ How does this person know you? _____	Name: _____ Address: _____ Telephone (Inc Area Code): _____ How does this person know you? _____
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### Previous address(es) in the last 5 years:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### APPLICATION FORM DECLARATION

I agree that the Police Service of Northern Ireland may carry out a Police Service check and that a copy of the letter of advice to me can be forwarded to the Community Safety Partnership, in confidence, as to my suitability for appointment as Neighbourhood Watch Co-ordinator. I further agree to my personal details being held by the Community Safety Partnership and the local police.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please forward this completed form to:

For Police District Command:

LOCAL POLICE DISTRICT COMMAND UNIT

Application received: \_\_\_\_\_  
References received:  
(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
Police Endorsement:  YES  NO

# NEIGHBOURHOOD WATCH SCHEME APPLICATION FORM

Registration Number: \_\_\_\_\_

Council/CSP Area: \_\_\_\_\_

SCHEME NAME: \_\_\_\_\_

## COMMUNITY CONTACT /CO-ORDINATOR DETAILS:

First name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Full postal address: \_\_\_\_\_

Telephone Day: \_\_\_\_\_

Evening: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

## SCHEME DETAILS: Please give as much detail as possible

STREET NAME	NUMBER OF DWELLINGS	STREET POSTCODES	NAME OF NW CO-ORDINATOR	CONTACT TEL No	HAVE POLICE ENDORSED NW CO-ORDINATOR? (ATTACH COPY LETTER)
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

Has community consultation been carried out?  YES  NO

How? (Please give details)

Please indicate the level of Community Support

High (75%+) Medium (40-74%) Low (0-39%) 

Has the scheme a particular focus, eg School, Rural, Elder Watch?

How many Neighbourhood Watch signs have been agreed for the scheme?

PLEASE COMPLETE BOX NUMBER ONE (OVERLEAF) BEFORE FORWARDING &gt;&gt;

### 1 - COMMUNITY CONTACT/CO-ORDINATOR

I can confirm the above details to be correct and I submit the application for accreditation.

Signed: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

Forwarded to local Community Safety Partnership (Date): \_\_\_\_\_

### 2 - COMMUNITY SAFETY PARTNERSHIP

Date Received: \_\_\_\_\_

Endorsed by: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

Forwarded to local Police District Command (Date): \_\_\_\_\_

### 3 - LOCAL POLICE DISTRICT COMMAND

Date Received: \_\_\_\_\_

Endorsed by: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

Forwarded to District Policing Partnership (Date): \_\_\_\_\_

### 4 - DISTRICT POLICING PARTNERSHIP

Date Received: \_\_\_\_\_

Endorsed by: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

Forwarded to NIO Community Safety Unit (Date): \_\_\_\_\_

### 5 - NIO - COMMUNITY SAFETY UNIT

Date received: \_\_\_\_\_

Accreditation Approval Date: \_\_\_\_\_

Copies of Accreditation Forwarded to Community Contact, local Police/CSP/DPP (Date): \_\_\_\_\_