

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 >>

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): _____