

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? _____

Previous address(es) in the last 5 years:

1. _____

2. _____

3. _____

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: <input type="checkbox"/> YES <input type="checkbox"/> NO