

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): _____