



## NEIGHBOURHOOD WATCH CO-ORDINATOR REGISTRATION FORM

Please complete the details below (in **BLOCK CAPITALS**) which will be held and used only for NHW purposes.

Title: \_\_\_\_\_ First Name(s) \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post code: \_\_\_\_\_

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

Please state role: \_\_\_\_\_  
(ie. Co-ordinator or Deputy or Area Co-ordinator)

Mobile No:  
(optional) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax no: \_\_\_\_\_

### **DATA PROTECTION ACT 1998**

I give Sussex Police the authority to place my personal details on file. I understand that this file is maintained in accordance with the requirements of the Data Protection Act 1998, and that my details will not be used for any purpose other than the Watch activities. I further understand that this may include making local associations, area co-ordinators, the Sussex Neighbourhood Watch Federation and new members aware of my details to enable them to keep their record up to date.

Neighbourhood Watch and other 'Watches' play an important role in working as partners with the police to prevent and detect crime. To make sure that these 'Watches' are effective, details of crimes and other incidents may be passed to co-ordinators and scheme members where it is appropriate.

I agree to my details being passed to Responsible Authority Partnerships under the Crime & Disorder Act 1998 to enable me to be informed about other crime reduction initiatives. **(Indicate your consent below by ticking the appropriate box).**

YES

NO

I agree to receive electronic messages that are generated by the Sussex Police Crime messaging system.

I understand the aims and objectives of the Watch. I agree to relinquish my position should circumstances arise or information comes to the attention of Sussex Police that would be inconsistent with my holding this position of responsibility in the community.

Signed:

Dated:

Please turn over.....

How would you prefer to receive crime messages? **(please tick ONE option below).**

**E-mail**

**Fax**

**Text**

**(if this later becomes available)**

**IMPORTANT - NHW SCHEME DETAILS**

Number of homes subscribed to your scheme:

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**Area of Cover:** (Please specify the first and last house number or house name **including the street name(s)**).

From:

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To:

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## Security Check Consent Form

Neighbourhood Watch Co-ordinators although volunteers are in a position of authority and trust. As a result the Police have a policy of checking all Co-ordinators for any previous convictions or other circumstances that would make it inappropriate for them to become a Neighbourhood Watch Co-ordinator. Any information given will remain confidential and retained by the police only and no details will be given to any member of NHW. Not all previous convictions will mean automatic disqualification, but the final decision will always rest with the Police.

Please complete the details below (in BLOCK CAPITALS).

Full name & title: \_\_\_\_\_

Previous Surnames Held: \_\_\_\_\_  
(if applicable)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Co-ordinator or deputy: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax no: \_\_\_\_\_

**I give permission for the police to perform all background checks as deemed necessary against my personal details.**

**I agree to relinquish my position should circumstances arise or information come to the attention of Sussex Police that would be inconsistent with my holding this position of responsibility in the community.**

**Signed:**

**Dated:**