



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: