

APPENDIX A

REGULATION OF INVESTIGATORY POWERS ACT 2000

PART II APPLICATION FOR AUTHORITY FOR DIRECTED SURVEILLANCE

Establishment <i>(including full address)</i>			
Name of Applicant		Position Held	
Full Address			
Contact Details			
Operation Name <i>(if applicable)</i>			

Details of application:

1. The level of authority required in accordance with the Regulation of Investigatory Powers Act 2000	
EXECUTIVE PRINCIPAL	

2. Grounds on which the action is necessary: *delete as inapplicable*

In the interests of national security;

For the purpose of preventing or detecting crime or of preventing disorder;

In the interests of the economic well-being of the United Kingdom;

In the interests of public safety;

For the purpose of protecting public health;

For the purpose of assessing or collecting any tax, duty, levy or other imposition, contribution or charge payable to a government department;

3. Explain why the directed surveillance is proportionate to what it seeks to achieve

4. The identities, where known, of those to be subject of the directed surveillance:

Name:	
Address:	
DOB:	
Other information as appropriate:	

5. The action to be authorised, including any premises or vehicles involved;

6. Give an account of the investigation or operation;

7. Explanation of the information which it is desired to obtain as a result of the authorisation:

8. Collateral Intrusion:

INDICATE ANY POTENTIAL FOR COLLATERAL INTRUSION ON OTHER PERSONS THAN THOSE TARGETED: INCLUDE A PLAN TO MINIMISE COLLATERAL INTRUSION

9. Confidential/Religious Material:

INDICATE THE LIKELIHOOD OF ACQUIRING ANY CONFIDENTIAL/RELIGIOUS MATERIAL:

Anticipated Start

Date:

Time:

10. Applicant's Details			
Name (print)		Tel No:	
Signature		Date	

11. Authorising Officer's Comments.

12. Authorising Officer's Recommendation.			
I, [], hereby authorise the directed surveillance operation as Detailed above. This written authorisation will cease to have effect at the end of a period of 3 months unless renewed (see separate form for renewals).			
Name (Print)		POSITION	
Signature		Date	

13. Confidential Material Authorisation.			
Name (Print)		POSITION	
Signature		Date:	
From Time		Date:	

14. Urgent Authorisation: Details of why application is urgent.			
Name (Print)		POSITION	
Signature		Date/Time	

15. Authorising Officers comments. (This must include why the authorising officer or the person entitled to act in their absence considered the case urgent).

--

16. Please give the reasons why the person entitled to act in urgent cases considered that it was not reasonably practicable for the authorisation to be considered by a person otherwise entitled to act.

--

Name (Print)		POSITION	
Signature		Date/Time	

CONFIDENTIAL WHEN COMPLETE

Appendix B

REGULATION OF INVESTIGATORY POWERS ACT 2000

RECORD OF MONTHLY REVIEW

Public Authority <i>(including full address)</i>	
--	--

Applicant		Position Held	
Operation Name		Operation Number* <small>*Filing Ref</small>	
Date Of Authorisation			

2. Detail any significant changes to the information in the original authorisation

3. Explain the continuing need for authority

4. Explain why the directed surveillance is still proportionate to what it seeks to achieve and in particular demonstrate that the degree of intrusion into the privacy of those affected by the surveillance is commensurate with the seriousness of the offence. In particular consideration should be given to:

a) Proportionality – *the use of surveillance must be proportional to the problem it is intended to solve. Levels of intrusion must be appropriate to the severity of the matter under investigation – serious breaches of an individual’s right to privacy can only be justified in operations concerning serious crime.*

(b) Compulsion – *is the use of directed surveillance essential to the success of the operation or investigation. It must be demonstrated that other investigative methods either; have been tried without success, are not feasible, not sufficiently reliable or impractical to use in the context of the type of crime or general volume of activity.*

c) Sufficiency of intrusion – *will be directed surveillance be tightly focused on the subject? Is the degree of collateral intrusion affecting individuals not connected with the investigation or operation justifiable and acceptable?*

CONFIDENTIAL

5. Applicant’s Details

Name (Print)		Tel No.	
Position		Date	

Signature	
-----------	--

CONFIDENTIAL WHEN COMPLETE

6. Authorising Officers Comments

--

7. Authorising Officer's Acknowledgment

Name (Print)		Position	
Signature		Date/Time	

APPENDIX C

REGULATION OF INVESTIGATORY POWERS ACT 2000

PART II APPLICATION FOR RENEWAL OF DIRECTED SURVEILLANCE AUTHORITY
(Please attach the original authorisation)

Establishment <i>(including full address)</i>	The Leek Federation, Westwood Park, Westwood Park, Leek, Staffordshire, ST13 8JD		
Name of Applicant		Position Held	
Full Address			
Contact Details			
Operation Name		Operation Number* *Filing Ref	
		Renewal Number	

Details of renewal:

1. Renewal numbers and dates of any previous renewals.	
Renewal Number	Date

2. Detail the information as listed in the original authorisation as it applies at the time of the renewal.

--

3. Detail any significant changes to the information in the previous authorisation.

--

4. Detail why it is necessary to continue with the authorisation.

--

5. Indicate the content and value to the investigation of the product so far obtained by the surveillance.

--

6. Give an estimate of the length of time the authorisation will continue to be necessary.

--

7. Applicant's Details

Name (Print)		Position	

Signature		Date/Time	
------------------	--	------------------	--

8. Authorising Officer's Comments.

--

9. Authorising Officer's Recommendation.

I, [_____], hereby authorise the directed surveillance operation as Detailed above. This written authorisation will cease to have effect at the end of a period of 3 months unless renewed (see separate form for renewals).

Name (Print)		POSITION	
Signature		Date	
Renewal From	Time:		Date:

CONFIDENTIAL WHEN COMPLETE

APPENDIX D

REGULATION OF INVESTIGATORY POWERS ACT 2000

PART II - CANCELLATION OF DIRECTED SURVEILLANCE

Establishment <i>(including full address)</i>	The Leek Federation, Westwood Park, Westwood Park, Leek, Staffordshire, ST13 8JD		
Name of Applicant		Position Held	
Operation Name		Operation Number* *Filing Ref	
		Renewal Number	

Details of cancellation:

1. Explain the reason(s) for the cancellation of the authorisation:

--

2. Explain the value of surveillance in the operation:

--

3. Time and Date of when the authorising officer instructed the surveillance to cease.

Date		Time	
-------------	--	-------------	--

4. Authorisation cancelled

Date:

--

Time:

--

5. Authorising Officer's Recommendation.

I, [_____], hereby authorise the cancellation of the directed surveillance operation as detailed above

Name (Print)		POSITION	
Signature		Date	

CONFIDENTIAL WHEN COMPLETE

APPENDIX E

REGULATION OF INVESTIGATORY POWERS ACT 2000

CONCLUDING REPORT

Establishment <i>(including full address)</i>	The Leek Federation, Westwood Park, Westwood Park, Leek, Staffordshire, ST13 8JD		
Name of Applicant		Position Held	
Operation Name		Operation Number* *Filing Ref	
Date of Authorisation			

1. Concluding Review – The dates and a brief description of the nature of the surveillance conducted must be recorded in this grid at the conclusion of the authorised surveillance operation

Date Surveillance undertaken	Details of any intrusion into privacy of any person involved in or affected by the surveillance	Comments/Observations	Officer Reporting and date report made

2. Applicant's Details			
Name (Print)		Tel No.	
Position		Date/Time	
Signature			

3. Authorising Officer's review observations and recommendations.			
Name (Print)		Position	
Signature		Date	