



RIPA Application Form (Form 4a)

Unique Reference Number	
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Part II of the Regulation of Investigatory Powers Act 2000

Application for authorisation to carry out Directed Surveillance

Public Authority <i>(including full address)</i>			
Name of Applicant		Unit/Branch /Division	
Full Address			
Contact Details			
Investigation /Operation Name (if applicable)			
Investigating Officer (if a person other than the applicant)			

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DETAILS OF APPLICATION

1. Give rank or position of authorising officer in accordance with the Regulation of Investigatory Powers (Directed Surveillance and Covert Human Intelligence Sources) Order 2010; No. 521.¹

2. Describe the purpose of the specific operation or investigation.

3. Describe in detail the surveillance operation to be authorised and expected duration, including any premises, vehicles or equipment (e.g. camera, binoculars, recorder) that may be used.

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

- Name:
- Address:
- DOB:
- Other information as appropriate:

¹ For local authorities: The exact position of the authorising officer should be given.

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5. Explain the information that it is desired to obtain as a result of the directed surveillance.

6. Identify on which grounds the directed surveillance is necessary under Section 28(3) of RIPA.

- Pursuant to SI 2010, No. 521 Local Authorities can only rely on the following ground:
For the purpose of preventing or detecting crime or of preventing disorder;

7. Explain why this directed surveillance is necessary on the grounds you have identified [Code paragraph 3.3]

8. Supply details of any potential collateral intrusion and why the intrusion is unavoidable. [Bear in mind Code paragraphs 3.8 to 3.11]

Describe precautions you will take to minimise collateral intrusion

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9. Explain why this directed surveillance is proportionate to what it seeks to achieve. How intrusive might it be on the subject of surveillance or on others? And why is this intrusion outweighed by the need for surveillance in operational terms or can the evidence be obtained by any other means? [Code paragraph 3.4 – 3.7]

10. Confidential information. [Code paragraphs 4.1 to 4.31]
Indicate the likelihood of acquiring any confidential information:

11. Applicant's Details.

Name (print)		Tel No:	
Grade/Rank		Date	
Signature			

12. Authorising Officer's Statement. [Spell out the "5 Ws" – Who; What; Where; When; Why and HOW– in this and the following box.]

I hereby authorise directed surveillance defined as follows: *[Why is the surveillance necessary, whom is the surveillance directed against, Where and When will it take place, What surveillance activity/equipment is sanctioned, How is it to be achieved?]*

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**13. Explain why you believe the directed surveillance is necessary. [Code paragraph 3.3]
Explain why you believe the directed surveillance to be proportionate to what is sought to be achieved by carrying it out. [Code paragraph 3.4 – 3.7]**

14. (Confidential Information Authorisation.) Supply detail demonstrating compliance with Code paragraphs 4.1 to 4.31

Date of first review	
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Programme for subsequent reviews of this authorisation: [Code paragraph 3.23]. Only complete this box if review dates after first review are known. If not or inappropriate to set additional review dates then leave blank.

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Name (Print)		Grade / Rank	
Signature		Date and time	
Expiry date and time [e.g.: authorisation granted on 1 April 2012 - expires on 30 June 2012, 23.59]			

15. Urgent Authorisation [Code paragraphs 5.5 and 5.6]: Authorising officer: explain why you considered the case so urgent that an oral instead of a written authorisation was given.

<ul style="list-style-type: none"> Urgent authorisations are no longer available in relation to directed surveillance or covert human intelligence sources;
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16. If you are only entitled to act in urgent cases: explain why it was not reasonably practicable for the application to be considered by a fully qualified authorising officer

<ul style="list-style-type: none"> Urgent authorisations are no longer available in relation to directed surveillance or covert human intelligence sources;
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Name (Print)		Grade/ Rank	
Signature		Date and Time	
Urgent authorisation Expiry date:		Expiry time:	
Remember the 72 hour rule for urgent authorities - check Code of Practice.	e.g. authorisation granted at 5pm on June 1 st expires 4.59pm on 4 th June		



RIPA Review Form (Form 4b)

Unique Reference Number	
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Part II of the Regulation of Investigatory Powers Act 2000

Review of a Directed Surveillance authorisation

Public Authority <i>(including address)</i>	
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Applicant		Unit/Branch /Division	
Full Address			
Contact Details			
Operation Name		Operation Number* <small>*Filing Ref</small>	
Date of authorisation or last renewal		Expiry date of authorisation or last renewal	
		Review Number	

Details of review:

1. Review number and dates of any previous reviews.	
Review Number	Date

Unique Reference Number	
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2. Summary of the investigation/operation to date, including what private information has been obtained and the value of the information so far obtained.

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3. Detail the reasons why it is necessary to continue with the directed surveillance.

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4. Explain how the proposed activity is still proportionate to what it seeks to achieve.

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5. Detail any incidents of collateral intrusion and the likelihood of any further incidents of collateral intrusions occurring.

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6. Give details of any confidential information acquired or accessed and the likelihood of acquiring confidential information.

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7. Applicant's Details			
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Name (Print)		Tel No	
Grade/Rank		Date	
Signature			

8. Review Officer's Comments, including whether or not the directed surveillance should continue.
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9. Authorising Officer's Statement.
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I, [insert name], hereby agree that the directed surveillance investigation/operation as detailed above [should/should not] continue [until its next review/renewal][it should be cancelled immediately].

Name (Print)	Grade / Rank
Signature	Date

10. Date of next review.	
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RIPA Renewal Form (Form 4c)

Unique Reference Number	
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Part II of the Regulation of Investigatory Powers Act 2000

Renewal of a Directed Surveillance Authorisation

Public Authority <i>(including full address)</i>	
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Name of Applicant		Unit/Branch /Division	
Full Address			
Contact Details			
Investigation/ Operation Name (if applicable)			
Renewal Number			

Details of renewal:

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

Unique Reference Number

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

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3. Detail the reasons why it is necessary to continue with the directed surveillance.

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4. Detail why the directed surveillance is still proportionate to what it seeks to achieve.

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5. Indicate the content and value to the investigation or operation of the information so far obtained by the directed surveillance.

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6. Give details of the results of the regular reviews of the investigation or operation.

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7. Applicant's Details			
Name (Print)		Tel No	
Grade/Rank		Date	
Signature			

8. Authorising Officer's Comments. <u>This box must be completed.</u>

9. Authorising Officer's Statement.			
<p>I, _____ [insert name], hereby authorise the renewal of the directed surveillance operation as detailed above. The renewal of this authorisation will last for 3 months unless renewed in writing. This authorisation will be reviewed frequently to assess the need for the authorisation to continue.</p>			
Name (Print)	Grade / Rank	- - - - -
Signature	- - - - -	Date	- - - - -
Renewal From:	Time:	Date:	

Date of first review.	
Date of subsequent reviews of this authorisation.	



RIPA Cancellation Form (Form 4d)

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Part II of the Regulation of Investigatory Powers Act 2000

Cancellation of a Directed Surveillance authorisation

Public Authority <i>(including full address)</i>	
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Name of Applicant		Unit/Branch /Division	
Full Address			
Contact Details			
Investigation/ Operation Name (if applicable)			

Details of cancellation:

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

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Unique Reference Number

2. Explain the value of surveillance in the operation:

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3. What product has been obtained as a result of the surveillance activity? (You should list here the dates and times of the activity; the nature of the product (i.e., what it shows) and its format (e.g., visual recordings; still images); associated log/reference numbers; where the product is to be held; and the name of the officer responsible for its future management.) *nb - if you have already provided these details in earlier reviews, a cross-reference here should suffice.*

Dates/times	Product obtained	Format and reference numbers	Storage location	Officer responsible

4. Authorising Officer's comments on product obtained. (Paragraph 9.3 of the Covert Surveillance Code of Practice states that arrangements must be in place for the handling, storage and destruction of material obtained through the use of covert surveillance. Authorising Officers must ensure compliance with the appropriate data protection requirements and any relevant codes of practice produced by individual authorities relating to the handling and storage of material. **You should record here how you intend this to be achieved.**)

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5. Authorising Officer's comments on the outcome of this use of directed surveillance and formal cancellation instructions.

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**Name
(Print)**

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Grade

Signature

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**Date and
Time**

6. Time and Date when the Authorising Officer instructed the surveillance to cease (*if done verbally prior to this formal written cancellation*).

Date:

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Time:

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CHIS Application Form (Form 5a)

Unique Reference Number	
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Part II of the Regulation of Investigatory Powers Act (RIPA) 2000

Application for authorisation of the conduct for use of a Covert Human Intelligence Source (CHIS)

Public Authority <i>(including full address)</i>			
Name of Applicant		Service/Department /Branch	
How will the source be referred to? i.e. what will be his/her pseudonym or reference number			
The name, rank or position of the person within the relevant investigating authority who will have day to day responsibility for dealing with the source, including the source's security and welfare. (Often referred to as the Handler)			
The name, rank or position of another person within the relevant investigating authority who will have general oversight of the use made of the source. (Often referred to as the Controller)			
Who will be responsible for retaining (in secure, strictly controlled conditions, with need-to-know access) the source's true identity, a record of the use made of the source and the particulars required under RIP (Source Records) Regulations 2000 (SI 2000/2725)?			
Investigation/Operation Name (if applicable)			

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DETAILS OF APPLICATION
1. Give rank or position of authorising officer in accordance with the Regulation of Investigatory Powers (Directed Surveillance and Covert Human Intelligence Sources) Order 2010; No. 521.²
2. Describe the purpose of the specific operation or investigation.
3. Describe in detail <u>the purpose</u> for which the source will be tasked or used.
4. Describe in detail the proposed covert conduct of the source or <u>how</u> the source is to be used.

² For local authorities: The exact position of the authorising officer should be given.

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5. Identify on which grounds the conduct or the use of the source is necessary under Section 29(3) of RIPA.

- Pursuant to SI 2010, No. 521 Local Authorities can only rely on the following ground:
For the purpose of preventing or detecting crime or of preventing disorder;

6. Explain why this conduct or use of the source is necessary on the grounds you have identified [Code paragraph 3.2]

**7. Supply details of any potential collateral intrusion and why the intrusion is unavoidable. [Bear in mind Code paragraphs 3.8 to 3.11]
Describe precautions you will take to minimise collateral intrusion and how any will be managed.**

8. Are there any particular sensitivities in the local community where the source is to be used? Are similar activities being undertaken by other public authorities that could impact on the deployment of the source? (see Code 3.17 – 3.18)

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9. Provide an assessment of the risk to the source in carrying out the proposed conduct. (see Code 6.14 – 6.16)

10. Explain why this conduct or use of the source is proportionate to what it seeks to achieve. How intrusive might it be on the subject(s) of surveillance or on others? How is this intrusion outweighed by the need for a source in operational terms, and could the evidence be obtained by any other means? [Code paragraph 3.3 – 3.5]

**11. Confidential information. [Code paragraphs 4.1 to 4.22]
Indicate the likelihood of acquiring any confidential information.**

References for any other linked authorisations:

12. Applicant's Details.

Name (print)		Grade/Rank/Position	
Signature		Tel No:	
Date			

Unique Reference Number	
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13. Authorising Officer's Statement. [Spell out the "5 Ws" – Who; What; Where; When; Why and HOW – in this and the following box.] THE AUTHORISATION SHOULD IDENTIFY THE PSEUDONYM OR REFERENCE NUMBER OF THE SOURCE, NOT THE TRUE IDENTITY.

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14. Explain why you believe the conduct or use of the source is necessary. [Code paragraph 3.2]. Explain why you believe the conduct or use of the source to be proportionate to what is sought to be achieved by their engagement. [Code paragraph 3.3 – 3.5]

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15. (Confidential Information Authorisation.) Supply details demonstrating compliance with Code paragraphs 4.1 to 4.22

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16. Date of first review:	
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17. Programme for subsequent reviews of this authorisation: [Code paragraphs 5.16 – 5.17]. Only complete this box if review dates after first review are known. If not, or inappropriate to set additional review dates, then leave blank.

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18. Authorising Officer's Details

Name (Print)		Grade/Rank/Position	
Signature		Time and date granted* Time and date authorisation ends	

** Remember, an authorisation must be granted for a 12 month period*

19. Urgent Authorisation [Code paragraphs 5.13 – 5.14]: Authorising Officer: explain why you considered the case so urgent that an oral instead of a written authorisation was given.

- Urgent authorisations are no longer available in relation to directed surveillance or covert human intelligence sources;

20. If you are entitled to act only in urgent cases: explain why it was not reasonably practicable for the application to be considered by a fully designated Authorising Officer

- Urgent authorisations are no longer available in relation to directed surveillance or covert human intelligence sources;

21. Authorising Officer of urgent authorisation

Name (Print)		Grade/Rank/Position	
Signature		Date and Time	
Urgent authorisation expiry date:		Expiry time:	

Remember the 72 hour rule for urgent authorisations – check Code of Practice [Code Paragraph 5.14]. e.g. authorisation granted at 1700 on 1st June 2012 expires 1659 on 4th June 2012



CHIS Review Form (Form 5b)

Unique Reference Number	
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Part II of the Regulation of Investigatory Powers Act (RIPA) 2000

Review of a Covert Human Intelligence Source (CHIS) authorisation

Public Authority <i>(including address)</i>	<i>full</i>	
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Applicant		Unit/Branch	
Full Address			
Contact Details			
Pseudonym or reference number of source			
Operation Name		Operation Number* <small>*Filing Ref</small>	
Date of authorisation or last renewal		Expiry date of authorisation or last renewal	
		Review Number	

Unique Reference Number	
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Details of review:

1. Review number and dates of any previous reviews.

Review Number	Date

2. Summary of the investigation/operation to date, including what information has been obtained and the value of the information so far obtained.

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3. Detail the reasons why it is necessary to continue with using a Covert Human Intelligence Source.

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4. Explain how the proposed activity is still proportionate to what it seeks to achieve.

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5. Detail any incidents of collateral intrusion and the likelihood of any further incidents of collateral intrusions occurring.

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6. Give details of any confidential information acquired or accessed and the likelihood of acquiring confidential information.

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7. Give details of the review of the risk assessment on the security and welfare of using the source.

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8. Applicant's Details

Name (Print)		Tel No	
Grade/Rank		Date	
Signature			

9. Review Officer's Comments, including whether or not the use or conduct of the source should continue?

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10. Authorising Officer's Statement. THE AUTHORISATION SHOULD IDENTIFY THE PSEUDONYM OR REFERENCE NUMBER OF THE SOURCE NOT THE TRUE IDENTITY.

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Name (Print)	Grade / Rank
Signature	Date

Date of next review:	
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CHIS Renewal Form (Form 5c)

Unique Reference Number	
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Part II of the Regulation of Investigatory Powers Act (RIPA) 2000

Application for renewal of a Covert Human Intelligence Source (CHIS) Authorisation

(Please attach the original authorisation)

Public Authority <i>(including full address)</i>	
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Name of Applicant		Unit/Branch	
Full Address			
Contact Details			
Pseudonym or reference number of source			
Investigation/Operation Name (if applicable)			
Renewal Number			

Details of renewal:

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

Unique Reference Number

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

3. Detail why it is necessary to continue with the authorisation, including details of any tasking given to the source.

4. Detail why the use or conduct of the source is still proportionate to what it seeks to achieve.

5. Detail the use made of the source in the period since the grant of authorisation or, as the case may be, latest renewal of the authorisation.

6. List the tasks given to the source during that period and the information obtained from the conduct or use of the source.

Unique Reference Number

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7. Detail the results of regular reviews of the use of the source.

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8. Give details of the review of the risk assessment on the security and welfare of using the source.

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9. Applicant's Details

Name (Print)		Tel No	
Grade/Rank		Date	
Signature			

10. Authorising Officer's Comments. This box must be completed.

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11. Authorising Officer's Statement. THE AUTHORISATION SHOULD IDENTIFY THE PSEUDONYM OR REFERENCE NUMBER OF THE SOURCE NOT THE TRUE IDENTITY.

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Name (Print)	Grade / Rank
Signature	Date
Renewal From:	Time:
	Date:
	End date/time of the authorisation

NB. Renewal takes effect at the time/date of the original authorisation would have ceased but for the renewal

Date of first review:	
Date of subsequent reviews of this authorisation:	

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Part II of the Regulation of Investigatory Powers Act (RIPA) 2000

Cancellation of an authorisation for the use or conduct of a Covert Human Intelligence Source

Public Authority <i>(including full address)</i>	
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Name of Applicant		Unit/Branch	
Full Address			
Contact Details			
Pseudonym or reference number of source			
Investigation/Operation Name (if applicable)			

Details of cancellation:

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

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2. Explain the value of the source in the operation:

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3. What product has been obtained as a result of the surveillance activity? (You should list here the dates and times of the activity; the nature of the product (i.e., what it shows) and its format (e.g., visual recordings; still images); associated log/reference numbers; where the product is to be held; and the name of the officer responsible for its future management.) ***nb** – if you have already provided these details in earlier reviews, a cross-reference here should suffice.*

Dates/times	Product obtained	Format and reference numbers	Storage location	Officer responsible

4. Authorising Officer's comments on product obtained. (Paragraph 8.1 of the Covert Human Intelligence Sources Code of Practice states that arrangements must be in place for the handling, storage and destruction of material obtained through the use or conduct of a CHIS. Authorising Officers must ensure compliance with the appropriate data protection requirements and any relevant codes of practice produced by individual authorities relating to the handling and storage of material. **You should record here how you intend this to be achieved.**)

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5. Authorising Officer's comments on the outcome of this use of directed surveillance and formal cancellation instructions.

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Name (Print)	Grade _____
Signature	Date and Time _____

6. Time and Date when the Authorising Officer instructed the surveillance to cease (<i>if done verbally prior to this formal written cancellation</i>).			
Date:		Time:	