PART B FORMS

Unique	Reference	
Number (l	JRN)	

NON-RIPA SURVEILLANCE (IN RED)

HUMAN RIGHTS ACT 1998

APPLICATION FOR AUTHORISATION TO CARRY OUT ACTIVITY POTENTIALLY IN INTERFERENCE WITH QUALIFIED HUMAN RIGHTS

NB This form is only to be used in circumstances when an authorisation under the Regulation of Investigatory Powers Act 2000 is not available under the legislation or where it is considered that such an authorisation is not required.

where it is considered that such an authorisation is not required.			
Public Authority			
(Including full address)			
			1
Name of Applicant		Section or Team	
Full Address			
Contact Details			
Investigation/Operation Name (if applicable)			
Investigating Officer (if than the applicant)	a person other		
Identify why a RIPA authorisation is not available under the legislation or it is considered that a RIPA authorisation is not required			
		Unique Reference Number (URN)	ce
Details of application:			
1. Give rank or position of authorising officer			
	1. (4)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
2. Which qualified human right of the person(s) will potentially be breached			

DS1 1

3. Describe the purpose of the activity.	
4. Describe in detail the activity to be authorised premises, vehicles or equipment (e.g. camera, binocu	
5. The identities, where known, of those to be subject	of the activity.
6. Explain the information that it is desired to obtain a	s a result of the activity
o. Explain the information that it is desired to obtain a	s a result of the activity.
Uni	que Reference
	nber (URN)
7. Explain how the interference with the qualified hum	an right is in accordance with the law

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8. Identify the specified legitimate aim due to which the interference is taking place,

Delete those that are inapplicable. Ensure that you know which of these grounds you are entitled to rely on.			
9. Explain why this a	ctivity is necessary in a	a democratic society on	the grounds you have
· —		what it seeks to achieve.	
		others? And why is thi s or can the evidence be	
11. Explain why this ac	tivity is non discriminato	ory	
12. Supply details of an	y potential collateral intr	usion and why the intrus	ion is unavoidable.
Describe precautions v	ou will take to minimise	collateral intrusion	
•			
13. Confidential information.			
Indicate the likelihood of acquiring any confidential information			
14. Applicant's Details			
Name		Tel No:	
Name		Terrio.	
Grade/Rank		Date	
Signature			

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

Unique

Number (URN)

Reference

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16. Explain why you believe the activity is necessary.
Explain why you believe the activity to be proportionate to what is sought to be achieved by carrying it out.

Unique	Reference	
Number (URN)		

Date of first review		
Name (Print)	Grade/Rank	
Signature	Date and time	

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