

Unique Reference Number	
-------------------------	--



CAERPHILLY COUNTY BOROUGH COUNCIL

APPLICATION FOR AUTHORISATION DIRECTED SURVEILLANCE ON EMPLOYEES

	Caerphilly County Borough Council Penallta House Tredomen Park Ystrad Mynach Hengoed CF82 7PG.		
Name of Applicant		Department	
Full Address	Caerphilly County Borough Council Ty Penallta Tredomen Park Ystrad Mynach Hengoed CF82 7PG		
Contact Details	e-mail - Tel -		
Employee Name			
Investigating Officer (if a person other than the applicant)			

DETAILS OF APPLICATION**1. Give position of authorising officer.****2. Describe the purpose of the 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:

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.

**7. Supply details of any potential collateral intrusion and why the intrusion is unavoidable.
Describe precautions you will take to minimise collateral intrusion**

8. 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?

9. INDICATE THE LIKELIHOOD OF ACQUIRING ANY CONFIDENTIAL INFORMATION:

10. Applicant's Details.			
---------------------------------	--	--	--

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

11. Authorising Officer's Statement.

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?*]

Date of first review	
-----------------------------	--

Programme for subsequent reviews of this authorisation: [Code paragraph 4.22]. Only complete this box if review dates after first review are known. If not or inappropriate to set additional review dates then leave blank.

Authoriser's Name (Print)		Grade / Rank	
----------------------------------	--	---------------------	--

Signature		Date and time	
------------------	--	----------------------	--

Expiry date and time [e.g.: authorisation granted on 1 April - expires on 30 June]	
---	--