



**WESTMORLAND AND FURNESS COUNCIL - FORM RIPA 1  
PART II OF THE REGULATION OF INVESTIGATORY POWERS ACT (RIPA) 2000  
APPLICATION FOR AUTHORISATION TO CARRY OUT DIRECTED SURVEILLANCE**

<b>Public Authority</b> <i>(including full address)</i>	Westmorland and Furness Council, Council, South Lakeland House, Lowther Street, Kendal LA9 4UQ		
<b>Name of Applicant</b>		<b>Directorate/Group/ Service</b>	
<b>Contact Details</b>			
<b>Investigation/ Operation name (if applicable)</b>			
<b>Investigating Officer (if a person other than the applicant).</b>			

<b>DETAILS OF APPLICATION</b>
<b>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. <sup>1</sup></b>
<b>2. 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.</b>

<sup>1</sup> The job title of the authorising officer should be given



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

- Name
- Address
- DOB
- Other information as appropriate

**4. Explain the information that is it desired obtain as a result of the directed surveillance.**

**5. Identify which grounds the directed surveillance is necessary under Section 28 (3) of RIPA. 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 interest 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

**6. Explain why directed surveillance is necessary in this particular case.**

**7. Details of any potential collateral intrusion and why the intrusion is unavoidable  
-INCLUDE A PLAN TO MIIMISE COLLATERAL INTRUSION**

**8. 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 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?**



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**9. Confidential information**  
**INDICATE THE LIKELIHOOD OF ACQUIRING ANY CONFIDENTIAL INFORMATION**

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**10. Applicant's Details.**

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

**11. 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 it necessary, who is it directed against where and when will it take place, what surveillance activity/equipment is sanctioned, how is it to be achieved.

**12. Explain why you believe the directed surveillance is necessary**

**Explain why you believe the conduct to be proportionate to what is sought to be achieved by carrying it out**

**13. Confidential Information Authorisation. Supply details demonstrating compliance with Code.**



<b>14. Date of first review:</b>			
<b>15. Programme for subsequent reviews of this authorisation. Only complete this box if review dates after first review are known. If not, or inappropriate to set additional review dates, then leave blank.</b>			
<b>16. Authorising Officer's Details</b>			
<b>Name (Print)</b>		<b>Grade/Rank/Position</b>	
<b>Signature</b>		<b>Time and date authorisation granted (subject to approval by Magistrates Court)</b>	
<b>Time and Date of approval by</b>		<b>Time and date authorisation ends</b>	



Magistrates Court			
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**\* Remember, an authorisation must be granted for a 3month period, i.e. 1700 hrs 4<sup>th</sup> June 2015 to 2359hrs 3 September 2015**

**Westmorland and Furness Council  
Part II of the Regulation of Investigatory Powers Act 2000  
Renewal of a Directed Surveillance Authorisation Form RIPA 2**

<b>Public Authority</b> <i>(including full address)</i>	Westmorland and Furness Council, South Lakeland House, Lowther Street, Kendal LA9 4UQ
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<b>Name of Applicant</b>		<b>Directorate/Group/ Service</b>	
<b>Full Address</b>	Westmorland and Furness Council, South Lakeland House, Lowther Street, Kendal LA9 4UQ		
<b>Contact Details</b>			
<b>Investigation/Operation Name (if applicable)</b>			
<b>Renewal Number</b>			



**Details of renewal:**

**1. Renewal numbers and dates of any previous renewals.**

Renewal Number	Date (including date of renewal and date of approval by Magistrates' Court).

**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**

<b>Name (Print)</b>		<b>Tel No</b>	
<b>Grade/Rank</b>		<b>Date</b>	
<b>Signature</b>			

**8. Authorising Officer's Comments. This box must be completed.**

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**9. Authorising Officer's Statement.**

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 from the date of approval of the Magistrates' Court unless its further renewal is approved again by the Magistrates' Court.

This authorisation will be reviewed frequently to assess the need for the authorisation to continue.

**Name (Print)** ..... **Grade/Rank** .....

**Signature** ..... **Date** .....

**Renewal by the Magistrates Court with effect from:**      **Time:**      **Date:**

**Renewal Expires on**  
**Time :**  
**Date**

<b>Date of first review.</b>	
<b>Date of subsequent reviews of this authorisation.</b>	

**Westmorland and Furness Council  
Part II of the Regulation of Investigatory Powers Act 2000  
Review of a Directed Surveillance authorisation-RIPA 3**

<b>Public Authority</b> <i>(including address)</i>	Westmorland and Furness Council, South Lakeland House, Lowther Street, Kendal LA9 4UQ
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<b>Applicant</b>		<b>Directorate/Group/ Service</b>	
<b>Full Address</b>	Westmorland and Furness Council, South Lakeland House, Lowther Street, Kendal LA9 4UQ		
<b>Contact Details</b>			
<b>Operation Name</b>		<b>Operation Number*</b> <small>*Filing Ref</small>	
<b>Date of authorisation or last renewal and approval by Magistrates Court</b>		<b>Expiry date of authorisation or last renewal (as approved by Magistrates Court)</b>	
		<b>Review Number</b>	

**Details of review:**

<b>1. Review number and dates of any previous reviews.</b>
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Review Number	Date

**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**

<b>Name (Print)</b>		<b>Tel No</b>	
<b>Grade/Rank</b>		<b>Date</b>	
<b>Signature</b>			

**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.**

**Westmorland and Furness Council  
Part II of the Regulation of Investigatory Powers Act 2000  
Cancellation of Directed Surveillance authorisation- RIPA 4**

<b>Public Authority</b> <i>(including full address)</i>	Westmorland and Furness Council, South Lakeland House, Lowther Street, Kendal LA9 4UQ
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<b>Name of Applicant</b>		<b>Directorate/Group/ Service</b>	
<b>Full Address</b>	Westmorland and Furness Council, South Lakeland House, Lowther Street, Kendal LA9 4UQ		
<b>Contact Details</b>			
<b>Investigation/Operation Name (if applicable)</b>			

**Details of cancellation:**

<b>1. Explain the reason(s) for the cancellation of the authorisation:</b>





**2. Explain the value of surveillance in the operation:**

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**3. Authorising officer's statement.**

I, [insert name], hereby authorise the cancellation of the directed surveillance investigation/operation as detailed above.

<b>Name (Print)</b> .....	<b>Grade</b> .....
<b>Signature</b> .....	<b>Date</b> .....

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

<b>Date:</b>		<b>Time:</b>	
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<b>5. Authorisation cancelled.</b>	<b>Date:</b>	<b>Time:</b>
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**Westmorland and Furness Council**  
**Part II of the Regulation of**  
**Investigatory Powers Act (RIPA) 2000**  
**Application for authorisation of the conduct or use of a**  
**Covert Human Intelligence Source (CHIS)-RIPA 5**

<b>Public Authority</b> <i>(including full address)</i>	Westmorland and Furness Council, South Lakeland House, Lowther Street, Kendal LA9 4UQ		
<b>Name of Applicant</b>		<b>Directorate/Group/ Service</b>	
<b>How will the source be referred to (i.e. what will be his/her pseudonym or reference number)?</b>			
<b>What is 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)?</b>			
<b>What is 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)?</b>			



<b>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)?</b>	
<b>Investigation/Operation Name (if applicable)</b>	

<b>DETAILS OF APPLICATION</b>
<b>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.<sup>1</sup></b>
<b>2. Describe the purpose of the specific operation or investigation.</b>
<b>3. Describe in detail <u>the purpose</u> for which the source will be tasked or used.</b>
<b>4. Describe in detail the proposed covert conduct of the source or <u>how</u> the source is to be used.</b>

<sup>1</sup> The job title of the authorising officer should be given



**5. Identify on which grounds the conduct or the use of the source is necessary under Section 29(3) of RIPA. Delete those that are *inapplicable*. Ensure that you know which of these grounds you are entitled to rely on (eg. SI 2010 No.521).**

- 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.

**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.**



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**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 paragraphs 3.17 to 3.18)?**

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

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**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 paragraphs 3.3 to 3.5]?**



**11. Confidential information [Code paragraphs 4.1 to 4.21]  
Indicate the likelihood of acquiring any confidential information.**

References for any other linked authorisations:

**12. Applicant's Details.**

<b>Name (print)</b>		<b>Grade/Rank/Position</b>	
<b>Signature</b>		<b>Tel No:</b>	



<b>Date</b>	
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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 paragraphs 3.3 to 3.5].**



**15. Confidential Information Authorisation. Supply details demonstrating compliance with Code paragraphs 4.1 to 4.21**

**16. Date of first review:**

**17. Programme for subsequent reviews of this authorisation [Code paragraphs 5.15 and 5.16]. Only complete this box if review dates after first review are known. If not, or inappropriate to set additional review dates, then leave blank.**

**18. Authorising Officer's Details**

**Name (Print)**

**Grade/Rank/Position**





<b>Signature</b>		<b>Time and date authorisation granted (subject to approval by Magistrates Court)</b>	
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<b>Time and Date of approval by Magistrates Court</b>		<b>Time and date authorisation ends</b>	
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***\* Remember, an authorisation must be granted for a 12 month period, i.e. 1700 hrs 4<sup>th</sup> June 2015 to 2359hrs 3 June 2016***

**Westmorland and Furness Council**  
**Part II of the Regulation of Investigatory Powers Act (RIPA) 2000**  
**Application for renewal of a Covert Human Intelligence Source (CHIS)**  
**Authorisation –Form RIPA 6**

(Please attach the original authorisation)

<b>Public Authority</b> <i>(including full address)</i>	Westmorland and Furness Council, South Lakeland House, Lowther Street, Kendal LA9 4UQ
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<b>Name of Applicant</b>		<b>Directorate/Group/ Service</b>	
<b>Full Address</b>	Westmorland and Furness Council, South Lakeland House, Lowther Street, Kendal LA9 4UQ		
<b>Contact Details</b>			
<b>Pseudonym or reference number of source</b>			
<b>Investigation/Operation Name (if applicable)</b>			
<b>Renewal Number</b>			

**Details of renewal:**

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

**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.**

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

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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**

<b>Name (Print)</b>		<b>Tel No</b>	
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<b>Grade/Rank</b>		<b>Date</b>	
<b>Signature</b>			

<b>10. Authorising Officer's Comments. <u>This box must be completed.</u></b>

<b>11. Authorising Officer's Statement. THE AUTHORISATION SHOULD IDENTIFY THE PSEUDONYM OR REFERENCE NUMBER OF THE SOURCE NOT THE TRUE IDENTITY.</b>		
<b>Name (Print)</b>	-----	<b>Grade / Rank</b>
<b>Signature</b>		<b>Date</b>
<b>Renewal by Magistrates Court From:</b>	<b>Time:</b>	<b>Date:</b>  <b>End date/time of the authorisation</b>

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

<b>Date of first review:</b>	
<b>Date of subsequent reviews of this authorisation:</b>	

**Westmorland and Furness Council**

**Part II of the Regulation of Investigatory Powers Act (RIPA) 2000  
Review of a Covert Human Intelligence Source (CHIS) Authorisation –RIPA 7**

<b>Public Authority</b> <i>(including full address)</i>	Westmorland and Furness Council, South Lakeland House, Lowther Street, Kendal LA9 4UQ
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<b>Applicant</b>		<b>Directorate/Group/ Service</b>	
<b>Full Address</b>	Westmorland and Furness Council, South Lakeland House, Lowther Street, Kendal LA9 4UQ		
<b>Contact Details</b>			
<b>Pseudonym or reference number of source</b>			
<b>Operation Name</b>		<b>Operation Number *</b>  *Filing Ref	
<b>Date of authorisation or last renewal</b>		<b>Review Number</b>	
<b>Date of Magistrates' Court approval(s) of authorisation or last renewal</b>			<b>Expiry date of authorisation or last renewal as approved by Magistrates Court.</b>



**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 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**

<b>Name (Print)</b>		<b>Tel No</b>	
<b>Grade/Rank</b>		<b>Date</b>	
<b>Signature</b>			

**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)**

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**Grade / Rank**

**Signature**

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**Date**

**Date of next review:**

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**Westmorland and Furness Council**

**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-RIPA 8**

<b>Public Authority</b> <i>(including full address)</i>	Westmorland and Furness Council, South Lakeland House, Lowther Street, Kendal LA9 4UQ
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<b>Name of Applicant</b>		<b>Directorate/Group/ Service</b>	
<b>Full Address</b>	Westmorland and Furness Council, South Lakeland House, Lowther Street, Kendal LA9 4UQ		
<b>Contact Details</b>			
<b>Pseudonym or reference number of source</b>			
<b>Investigation/Operation Name (if applicable)</b>			

**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. Authorising officer's statement. THIS SHOULD IDENTIFY THE PSEUDONYM OR REFERENCE NUMBER OF THE SOURCE NOT THE TRUE IDENTITY.**

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<b>Name (Print)</b> .....	<b>Grade</b> .....
<b>Signature</b> .....	<b>Date</b> .....

**4. Time and Date of when the authorising officer instructed the use of the source to cease.**

<b>Date:</b>		<b>Time:</b>	
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