**YOUR WATCH NAME**

 **NEIGHBOURHOOD WATCH**

Please can you complete this form for our information: All details are given in the strictest confidence and will only be used by the YOUR WATCH NAME Neighbourhood Watch and MET Police Safer Neighbourhood Team for their sole use.. By signing this form you agree for your information to be shared amongst the MET Police and Neighbourhood Watch

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| **BASIC INFORMATION** |
| **Title** | Mr/Mrs/Miss/Ms/Rev/Other |
| **First Name** |  |
| **Surname** |  |
| **Date Of Birth** |  |
| **Address** |  |
| **Postcode** |  |
| **Tel (Home)** |  |
| **Tel (Mobile)** |  |
| **Email Address** |  |

In the Neighbourhood Watch we have a couple of roles:

* a **co-ordinator**, who runs the watch for his or her road/s, blocks etc
* a **member** who doesn’t want to co-ordinate but would like to join and become part of the scheme

Please indicate below what you are interested in doing:

* **Coordinator**
* **Member**

If you become a coordinator please agree that you will only use Coordinator and Member details for the purpose of Neighbourhood Watch scheme.

I confirm that I am agreeing to join the **YOUR WATCH NAME** Neighbourhood Watch Scheme in the capacity indicated above.

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SIGNATURE DATE