

Operation Reference Number* (*Filing Ref)	
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PART II OF THE REGULATION OF INVESTIGATORY POWERS ACT (RIPA) 2000

APPLICATION FOR AUTHORISATION OF THE USE OR CONDUCT OF A COVERT HUMAN INTELLIGENCE SOURCE (CHIS)

Public Authority <i>(including full address)</i>	Christchurch Borough Council, Civic Offices, Bridge Street, Christchurch, Dorset, BH23 1AZ
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Name of Applicant		Unit/Branch /Division	
Full Address			
Contact Details			
Investigation/Operation Name (if applicable)			

Details of application:

1. Give rank or position of authorising officer in accordance with the Regulation of Investigatory Powers (Prescription of Offices, Ranks and Positions) Order 2000/2417.¹

¹ For local authorities: The exact position of the authorising officer should be given. For example, Head of Trading Standards rather than officer responsible for the management of an investigation
Form RIPA 5 - CHIS 04.12.03

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2. Identify which grounds the action is necessary under section 29(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 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;

3. Explain why the use or conduct of a covert human intelligence source (CHIS) is necessary in this particular case.
4. Explain why the authorised conduct or use of a source is proportionate to what it seeks to achieve.

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5. Details of the purpose for which the source will be tasked or deployed.**6. Where a specific investigation or operation is involved, details of that investigation or operation.****7. Nature of what the source will be tasked to do.****8. Details of the risk assessment on the security and welfare of using the source**

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9. Collateral Intrusion.

INDICATE ANY POTENTIAL FOR COLLATERAL INTRUSION ON OTHER PERSONS THAN THOSE TARGETED:
INCLUDE A PLAN TO MINIMISE COLLATERAL INTRUSION

10. Confidential Information.

INDICATE THE LIKELIHOOD OF ACQUIRING ANY CONFIDENTIAL INFORMATION.

11. Anticipated Start**Date:****Time:****12. Applicant's Details****Name (print)****Tel No:****Grade/Rank****Date****Signature****13. Authorising Officer's Comments. This box must be completed.**

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14. Authorising Officer's Statement.

I authorise the conduct or use of a covert human intelligence source as detailed above. This written authorisation will cease to have effect at the end of a period of 12 months unless renewed (see separate form for renewals).

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

Name (Print)		Grade / Rank	
Signature		Date	

15. Date of first review:	
16. Date of subsequent reviews of this authorisation:	

17. Confidential Information Authorisation.

Name (Print) Signature	Grade / Rank Date
From Time:	Date:

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18. Urgent Authorisation: Details of why application is urgent.
Name (Print)
**Grade/
Rank**
Signature
Date/Time
19. Authorising officer's statement. (This must include why the authorising officer or the person entitled to act in their absence considered the case urgent).
20. Please give the reasons why the person entitled to act in urgent cases considered that it was not reasonably practicable for the authorisation to be considered by a person otherwise entitled to act.
Name (Print)
**Grade/
Rank**
Signature
Date/Time