



Creating a safer  
Cambridgeshire

**REGISTRATION FORM**

**Co-ordinators Name** .....

Address .....

Postcode .....

Tel No ..... Answerphone Yes/No

Mobile No. .... Answerphone Yes/No

Fax .....

E-Mail Address .....

**Deputy Co-ord Name** .....

Address .....

Post Code .....

Tel ..... Answerphone Yes/No

Mobile No. .... Answerphone Yes/No

Fax .....

E-Mail Address .....

Street/Roads covered by scheme.....

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Total number of houses in your scheme .....

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**DATA PROTECTION ACT**

**Personal data supplied on this form may be held and / or verified by reference to information already held on computer.**

	<u>Co/ord</u>	<u>Deputy</u>
*I have checked the above details, they are correct.	Yes/No	Yes/No
*I give my consent for the above details to be stored on a computer system / distributed to NHW co-ordinators / referenced on a computer based data system for use by Police/ Crime Prevention Panel / Neighbourhood Watch Association / Neighbourhood Watch Co-ordinators / Local Authorities for the sole purpose of supporting the aims of Neighbourhood Watch	Yes/No	Yes/No
*I agree to my Home phone / Mobile number and Email address being used for contact purposes regarding Neighbourhood Watch activities	Yes/No	Yes/No
*I will advise the Police of any changes in the above details or I no longer wish to be a co-ordinator	Yes/No	Yes/No
Co-ordinator Signed .....	Dated .....	
Deputy Signed .....	Dated .....	

<b>For Official Use</b>
<b>Registration Number Allocated..... Date</b>
<b>Registered.....</b>