

Unique Reference Number:

Regulation of Investigatory Powers (Scotland) Act 2000 (RIP(S) Act)

Application for Authorisation to Carry Out Directed Surveillance

Public Authority: (including full address).	
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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 Officers, etc. and Specification of Public authorities) (Scotland) order 2010, SSI 2010/350 which came into force on 29 November 2010.

2. Describe the conduct to be authorised and the purpose of the investigation or operation.

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3. Identify which grounds the directed surveillance is necessary under Section 6(3) of RIPSA. **Delete as inapplicable.**

- For the purpose of preventing or detecting crime or of preventing disorder.
- In the interests of public safety.
- for the purpose of protecting public health.

4. Explain why directed surveillance is necessary in this particular case.

5. Explain why the directed surveillance is proportionate to what it seeks to achieve.

6. The nature of the surveillance to be authorised, including any premises or vehicles involved.

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7. Investigation or operation to be carried out. The identities, where known, of those to be subject of the directed surveillance.

Name:

Address:

Date of Birth:

Other information as appropriate:

8. Explanation of the information which it is desired to obtain as a result of the directed surveillance.

9. Details of any potential collateral intrusion and why the intrusion is unavoidable.
Include a plan to minimise Collateral Intrusion.

10. Confidential Information.

Indicate the likelihood of acquiring any confidential information.

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11. Anticipated Start:	Date.
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12. Applicant's Details			
Name (print):		Telephone Number:	
Grade/Rank:		Date:	
Signature:			

13. Authorising Officer's Comments. This box must be completed.

14. Authorising Officer's Statement			
I, [insert name], hereby authorise the directed surveillance investigation/operation as detailed above. This written authorisation will cease to have effect at the end of a period of 3 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):		Grade / Rank:	
Signature:		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 box must be completed).

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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 at act.

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