**Neighbourhood Watch   
Multi Scheme Administrator**

**Application Pack**

**NEIGHBOURHOOD ALERT**

**Annex E**

**ADMINISTRATION ACCESS AGREEMENT**

**1. Applicant Details**

This agreement must be carefully read and signed by anyone wishing to apply for a role as a Multi Scheme Administrator.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Agreement Limitations**

2.1 The Alert system must only be used for NWN’s core activities and as defined in its Rules and Conventions (see **Annex A**) and Data Protection Guidance at **Annex B,** Message Restrictionsat **Annex C and the Code of Ethics at Annex D**.

2.2 I agree to only use the Alert system for lawful purposes. In particular I will not knowingly:

* use the Alert system in any manner which infringes any law or regulation or which infringes the right of or causes annoyance, inconvenience or needless anxiety to any third party, nor authorise or permit any other person to do so
* use the Alert system to post, link or transmit material which is unlawful, threatening, abusive, malicious, defamatory, obscene, pornographic, blasphemous, profane or otherwise objectionable contains a virus or other hostile computer programme, or encourages the commission of a criminal offence or which infringes any intellectual property right
* fail to keep secure any identification, password and other confidential information relating to the Alert system or database and shall notify NWN immediately of any known or suspected unauthorised use of my account or breach of security, including loss, theft or unauthorised disclosure of my password or other security information

2.3 Data Protection: I shall comply in all respects with the provisions of GDPR and the Data Protection Act 2018 or any Act of Parliament or statutory modification, re-enactment or extension thereof relating to the disclosure of information.

2.4 The defined geographical area to be administered under this agreement is: (area can be defined as Force area, District, sub-areas) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Termination of Agreement**

3.1 Either Visav or NWN may terminate this agreement forthwith on giving notice in writing to the MSA about the decision of NWN in collaboration with the relevant Force Area or Borough Association lead within the MSA’s defined area.

3.2 In the event of termination of this agreement the MSA will return all NWN’s data forthwith or, if requested by NWN, erase the data in a manner to be specified by NWN and shall certify that the data has been destroyed.

**4. Agreement**

**I have read the NWN Rules and Conventions and Data Protection Guidance and agree to abide by them and comply with the terms of this Agreement.**

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Administrator)

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Force Area / Borough lead or representative)

On behalf of NWN in the Force Area / Borough of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(NWN CST staff member in the absence of a Force Area /Borough lead)

On behalf of Force Area / Borough of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This document should be signed by the Force Area or Borough lead or their representative and then returned either by post to: -

The Administrator,

Neighbourhood Watch Network

Vox Studios

Room WG07

1 – 45 Durham Street

London

SE11 5JH

Or scanned and e-mailed to [Enquiries@ourwatch.org.uk](mailto:Enquiries@ourwatch.org.uk)

If you do not have a Force Area or Borough Association please sign and return the form to the address above and the NWN Administrator will process your application.