

Public Authority

Date (if any) scheduled for

Next Review

Operation Reference Number* (* Filing Ref)	

REGULATION OF INVESTIGATORY POWERS (SCOTLAND) ACT 2000

REVIEW OF A COVERT HUMAN INTELLIGENCE SOURCE (CHIS) AUTHORISATION

The Moray Council Council Offices

(including full address)	High Street Elgin Moray IV30 1BX		
Name of Applicant		Service/Unit	
Full Address			
Contact Details			
Pseudonym or reference number of source			
Investigation/Operation Name (if applicable)		Operation Number* (file of original application)	
Date of Authorisation or last renewal		Expiry date of authorisation or last renewal	

Current Review Number

^{*} Every application, together with its subsequent forms must carry a unique Reference Number: this facilitates monitoring in the central record by the monitoring officer.



Operation Reference Number* (* Filing Ref)	

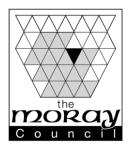
Details of Previous Reviews:

1.	Review number and dates of any previous reviews:		
Revie	ew Number	Date	
2.	Summary of the investigation/ope and the value of the information so	eration to date, including what private information has been obtained of far obtained:	
3.	Detail the reasons why it is necess	sary to continue with the use of Covert Human Intelligence Source.	
4.	Explain how the proposed activity	is still proportionate to what it seeks to achieve.	
5.	Detail any incidents of collateral intrusion occurring.	I intrusion and the likelihood of any further incidents of collateral	



Operation Reference Number* (* Filing Ref)	

6.	Give details of any confidential information acquire confidential information.	d or accessed and the likelihood of acquiring
7.	Give details of the review of the risk assessment on the	e security and welfare of using the source.
8.	Applicant's Details	
0.	Applicant a Details	
Naı	me (print)	Tel No:
Gra	ade	Date
Sig	nature	
9.	Authorising Officer's Comments, including whether o	r not the conduct of the source should continue.



Operation Reference Number* (* Filing Ref)	
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10.	Authorising	Officer's	Statement.
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The authorisation should identify the pseudonym or reference number of the source not the true identity.

I, [insert name] pseudonym or reference number] review/renewal; its expiry on hereby agree that the use or conduct of the CHIS [insert as detailed above [should/should not] continue [until its next] [it should be cancelled immediately].

Name (print) Tel No:

Grade Date

Signature

11. Date of next review or expiry if no further Review scheduled – in terms of the Code (5.20) reviews should be conducted as often as is necessary and practicable.