



NSW Police Force
www.police.nsw.gov.au

NSW Police Force

LAC EYEWATCH Member Application Form

Name:		
Address:		
Suburb:	Postcode:	
Driver's Licence #:		
Email:		
Phone:	Mobile:	FAX:
LAC:		

Eyewatch Group you wish to join?
Facebook - Profile Display Name:

- I agree that the above information is true and correct.
- I agree that I will not use any profanities, degrading, sexist or racial comments whilst I am involved in the Eyewatch Group attached to this Local Area Command.
- I agree to the above conditions and agree that if I breach any of the following, my Facebook profile will be removed from the group.
- **Authority for Name and Date of Birth Check.**

I acknowledge that as eyewatch – 21st Century NHW is a crime prevention program, it is necessary to screen applicants before being added to a group, to assess their suitability to participate. Any such decision is final and I will agree to abide by any such decision as to my suitability to join this closed group.

I hereby consent to any of the above details being checked by the NSW Police Force.

Signature:	Date:
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Office use only: I have verified the above mentioned applicants details.

Officer Signature:	Date:
Name:	Rank: