**Hertsmere’s Community Trigger Application Form**

For assistance completing the Community Trigger Application Form, please see the separate Process and Procedure document or contact the Community Safety Team on 020 8207 7801 or [community.trigger@hertsmere.gov.uk](mailto:community.trigger@hertsmere.gov.uk) you can also complete the Community Trigger Referral form online.

*\* Indicates questions, which must be completed. There are additional questions for you to provide more information to support your application, if you wish.*

Please provide your details so that we can contact you. If you are completing this form on behalf of a friend or a client of your service, please provide details of the person affected by this situation. We will use this to ask any further questions or provide feedback on your referral as necessary.

**Q1. On what basis are you making a Community Trigger application for an Anti-Social Behaviour Case Review – please tick?\***

*Please ensure you meet the Community Trigger threshold, detailed in the Process and Procedure document that accompany this application form.*

|  |  |  |
| --- | --- | --- |
|  |  | A – I am the person affected by the anti-social behaviour and have made three or more qualifying complaints. *Go to Q3* |
|  |  |  |
|  |  | B – I am the person affected by the anti social behaviour and have reported one incident of hate or crime motivated by hate (due to race, religion, disability, sexual orientation, or transgender identity). *Go to Q3* |
|  |  |  |
|  |  | C - I am acting on behalf of the person affected by the anti-social behaviour, who has made three or more qualifying complaints. *Go to Q2* |

**Q2. Advocate Details\*** (*Required if 1B ticked)*

*If you are acting on behalf of someone else, complete your details then go to Q3*

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Name:** |  | | |
| **\*Address:** |  | | |
| **\*Daytime No:** |  | **Mobile No:** |  |
| **E-mail:** |  | | |

**Q3. Details of the person(s) affected by the anti-social behaviour\***

Person One

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Name:** |  | | |
| **\*Address:** |  | | |
| **\*Daytime No:** |  | **Mobile No:** |  |
| **E-mail:** |  | | |

**Q4. Briefly describe the type of anti-social behaviour you have been experiencing.\*** *(individual incidents are to be detailed at Q5)*

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|  |

**Q5. Please provide details of the 3 most recent anti-social behaviour incidents, including who reported the incidents, when they were reported, who they were reported to and how\*.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Incident date** | **Incident details** – ie what happened? | **Reported by** | **Date reported** | **Agency reported to** | **Reported method**  eg writing, telephone, in person |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Q6. How has the anti-social behaviour affected you/the person you are acting on behalf of?**

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**Q7. What action has been taken, to your knowledge?**

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**Q8. What further action are you hoping for?**

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**Q9. Have you any special circumstances that we need to take into consideration? If so, please provide details.**

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**Q10. Please provide any other information relevant to your Community Trigger application.**

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|  |

**Signature\***

|  |  |  |
| --- | --- | --- |
|  |  | I confirm that the information given in this Community Trigger Application Form is correct to the best of my knowledge and belief. |

In order to undertake an Anti-social case review we need to share information with partnership agencies. Your details will not be shared with agencies outside of the Hertsmere Community Safety Partnership (CSP) but will be stored in line with Data Protection principles. Please confirm you are willing for disclosure to agencies in order for the Trigger to be investigated (drop down).

By requesting that an Anti-Social Behaviour Case Review is undertaken, I give my consent for relevant partner agencies to share information.

I give consent

I do not give consent

\*If you do not give consent it will be treated as an anonymous Community Trigger referral, which will not be accepted, however details will be recorded and shared with agencies.

|  |  |
| --- | --- |
|  |  |
| Signature of Community Trigger applicant | Date |

Please send your completed Community Trigger Application Form to:

|  |  |
| --- | --- |
| **Via post :**  Community Safety Team  Hertsmere Borough Council  Civic Offices, Elstree Way  Borehamwood  Hertfordshire  WD6 1WA | **Via email**  [Community.trigger@hertsmere.gov.uk](mailto:Community.trigger@hertsmere.gov.uk)  **Via the telephone**  020 8207 7801 |

**Remember - If you are applying for the Community Trigger on behalf of someone else who has been affected by anti-social behaviour, their individual written consent must also be provided.**  **The Community Trigger Application Form will not be processed until their consent has been received.**