



Corrective Services NSW

APPLICATION FOR AUTHORITY TO ENTER A PLACE OF DETENTION AS AN AUTHORISED VISITOR UNDER CLAUSE 83 OF THE *CRIMES (ADMINISTRATION OF SENTENCES) REGULATION 2008*

DETAILS of APPLICANT

Applicant to complete IN BLOCK LETTERS

Surname First/Given Name

Date of Birth

Current Residential Address

Street:

Suburb: Postcode:

Postal Address if different from above:

Business Phone: Mobile:

Do you currently have friends / relatives in custody? Yes No

Have you ever visited a person in custody in NSW? Yes No

If YES to either of the above, please provide the name, your relationship and location of each person.

NAME	RELATIONSHIP	PLACE OF DETENTION	DATE

IDENTIFICATION DOCUMENTS

Please provide a **photocopy** of **one** of the following forms of identification and complete the relevant details:

Current photo driver's licence: Licence Number Expiry Date

OR

Passport (current or within 2 years of expiry date) identification pages only:

Passport Number Country of Issue:

Date of Issue Expiry Date

OR

Any **current** photo identification issued by a Government Department or Authority

OR

Photocard issued by RTA NSW or interstate equivalent



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Corrective Services NSW

APPLICANT DECLARATION

- I declare that the information provided on this application is true and correct
- I authorise Corrective Services NSW to make any relevant enquiries into the information stated on this application
- I have attached the following documents:
 - A completed *Criminal Record Inquiry (non-Offenders)* form;
 - A photocopy of one of the specified identification documents;
 - A signed *Standard Contract Agreement*; and
 - An enrolment application for the Corrective Services Academy On-line Security Awareness Course.
- I understand that my organisation will be informed of the result of my Criminal Record Inquiry as satisfactory or unsatisfactory
- I understand that at the expiration of this Authority I will not be permitted to enter a place of detention unless notified that this Authority has been extended

Applicant's Name _____

Applicant's Signature: _____

Date: _____

ORGANISATION DECLARATION

I _____
(full name) (position in organisation)

Of _____
(name of organisation)

Hereby request that the applicant:

_____ (first name) _____ (middle name) _____ (family names)

be granted the authority to deliver the following program / service:

on behalf of the above organisation at the following places of detention:

The applicant holds the following position in the above organisation: _____

(tick appropriate box) Volunteer Worker Paid Employee

Our Organisation conducts criminal record inquiries for its employees (provide details including if the process is conducted by NSW Police) Yes No

The applicant received a satisfactory *Criminal Record Inquiry* clearance Dated _____ Yes No



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Our Organisation has completed a Working with Children Check and a Prohibited Persons Declaration for the applicant. [] Yes [] No

The report on the applicant Dated [] was satisfactory [] Yes [] No

I confirm that photocopies of identification documents provided by the applicant have been certified by a member of this organisation as photocopies of original documents.

I confirm that a member of the organisation has witnessed the applicant's Standard Conduct Agreement.

I agree to notify Corrective Services NSW if I have any reason to suspect that the applicant has been convicted of a crime in a NSW court of law at any time after this application is submitted.

Signature: _____

Date: _____

Office Use Only:

Application [] Yes [] No

Identification Documentation [] Yes [] No

Organisation Endorsement [] Yes [] No

CRI Clearance [] Yes [] No

CRI Review and clearance by ACOS&P [] Yes [] No

On-line Security Awareness Course completed [] Yes [] No

General Managers of relevant correctional centres informed [] Yes [] No

VIN _____

Expiry Date: _____