

Request For Renewal Of An Authority To Enter Correctional Centres and/or Court Cell Complexes

Sections 5 and 6 MUST be completed by an Executive Member of the Applicant's Employer or Sponsoring Organisation. The organisation MUST already have been granted Authorised Visitor Status by the NSW Department of Corrective Services.

5. Details of Employer or Sponsoring Organisation

Name of Employer or Sponsoring Organisation: _____

Name of contact person in organisation: _____

Position held in organisation: _____

Phone: _____ Fax: _____ E-mail: _____

Postal address: _____

The applicant (print applicant's full name),

_____,
Surname First Name Middle Name(s)

is a (tick the appropriate box) ' Volunteer Worker ' Paid Employee

Position held by applicant: _____

What service(s) is the applicant providing?: _____

The applicant will be required to visit (tick the appropriate box)

Correctional Centres only ' , Court Cell Complexes only ' , or both ' .

The applicant will be visiting the following Correctional Centres on a regular basis (tick appropriate boxes):

' Bathurst	' Glen Innes	' Long Bay Hospital Area 1
' Berrima	' Goulburn	' Long Bay Hospital Area 2
' Bolwara House	' Grafton	' Metropolitan Remand & Reception Centre
' Brewarrina	' Ivanhoe	' Metropolitan Special Programs Centre
' Broken Hill	' Junee	' Mannus ' Parramatta
' Cessnock	' John Morony 1	' Mid North Coast ' Parramatta Transitional Centre
' Cooma	' John Morony 2	' Mulawa ' Silverwater ' Kariong
' Dillwynia	' Kirkconnell	' Oberon ' St Heliers
' Emu Plains	' Lithgow	' Parklea ' Tamworth

The applicant will be visiting the following Court Cell Complexes on a regular basis (tick appropriate boxes):

' Albury	' Cooma	' Maitland	' Queens Square, City
' Armidale	' Darlinghurst	' Maitland East	' Raymond Terrace
' Bankstown	' Downing Centre	' Milton	' Supreme Court
' Bathurst	' Drug Court	' Moree	' Surry Hills
' Batemans Bay	' Dubbo	' Moruya	' Sutherland
' Bega	' Eden	' Moss Vale	' Tamworth
' Belmont	' Gosford	' Mungindi	' Taree
' Blacktown	' Goulburn	' Narooma	' Toronto
' Boggabilla	' Grafton	' Narrabri	' St James
' Bombala	' Griffith	' Narrandera	' Wagga Wagga
' Bowral	' Katoomba	' Newcastle	' Weekend Bails Court
' Broken Hill	' Kempsey	' Nowra	' Wee Waa
' Burwood	' King Street, City	' Orange	' Wentworth
' Camden	' Leeton	' Parramatta	' Wilcania
' Campbelltown	' Lismore	' Penrith	' Wollongong
' Central Local	' Lithgow	' Picton	' Wyong
' Cobham	' Liverpool	' Port Macquarie	
' Coffs Harbour	' McLean	' Queanbeyan	

6. Employer / Organisation Declaration

I _____ (Full Name),

_____ (Position Held in Organisation),

of _____ (Name of Organisation),

hereby request that (print applicant's full name)

Surname	First Name	Middle Name(s)
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be granted a renewal of their *Authority to Enter Correctional Centres and/or Court Cell Complexes* on behalf of the above organisation.

Please note that the following question MUST be answered:

Does the above applicant's services include working with, or involve direct contact with, children and young people (under 18 years of age), and come within the definitions of the *Child Protection (Prohibited Employment) Act 1998*?

YES / NO (circle appropriate response)

- If the answer to the above question is **YES**, I hereby confirm that, in accordance with the *Child Protection (Prohibited Employment) Act 1998*, a *Working with Children Check* and a *Prohibited Persons Declaration* have been completed for the above applicant.
- I confirm that photocopies of all forms of identification provided by the applicant have been certified by a member of this organisation as being made from original documents.
- I confirm that the photographs supplied by the applicant are a true likeness of the applicant.
- I understand that requests for the renewal of an *Authority to Enter Correctional Centres and/or Court Cell Complexes* must be made by the applicant and the employer or sponsoring organisation on the *Request for Renewal of an Authority to Enter Correctional Centres and/or Court Cell Complexes* form and submitted to the Department **two months** prior to the expiry date shown on the applicant's *Authority to Enter Correctional Centres* or the *Authority to Enter Court Cell Complexes*.

Signature: _____

Date: ____/____/____

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Sections 7 to 9 MUST be completed by an officer of the NSW Department of Corrective Services.

7. Criminal Record Inquiry – OFFICE USE ONLY

Print applicant’s full name:

Surname First Name Middle Name(s)

The Authority to Conduct a Criminal Record Inquiry form was forwarded to CIG on ____/____/____ by

Name: (print full name) _____

Title: _____

Results of Criminal Record Inquiry: ' TRACE ' NO TRACE ' SPENT CONVICTION

Results received from CIG on ____/____/____ by

Name: (print full name) _____

Title: _____

Please note that all Requests for Renewal of an Authority to Enter Correctional Centres and/or Court Cell Complexes from applicants whose Criminal Record Inquiries return a TRACE result must be considered at the next available meeting of the Authorised Visitor Review Committee. The Authorised Visitor Review Committee will determine if the applicant’s request for renewal will be referred to the Senior Assistant Commissioner Inmate and Custodial Services for review as a result of the details of the Criminal Record Inquiry TRACE.

8. Referral to Authorised Visitor Review Committee - OFFICE USE ONLY

Is the Request for Renewal of an Authority to Enter Correctional Centres and/or Court Cell Complexes required to be submitted to the Authorised Visitor Review Committee?

YES / NO (circle the appropriate response)

If YES, state the reason why the Request for Renewal is submitted to the Authorised Visitor Review Committee:

Date submitted to the Authorised Visitor Review Committee: ____/____/____

Recommendation / Decision by Authorised Visitor Review Committee:

Action Taken / Results of Action Taken on behalf of Authorised Visitor Review Committee:

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9. Result of Renewal Request – OFFICE USE ONLY

Print applicant’s full name:

_____ Surname First Name Middle Name(s)

The applicant’s *Request for Renewal of an Authority to Enter Correctional Centres and/or Court Cell Complexes* on behalf of

_____ (Name of Organisation),

is: ‘ APPROVED ‘ APPROVED WITH RESTRICTIONS ‘ NOT APPROVED

State reason(s) if the *Request* is **NOT APPROVED**:

The APPROVED *Authority* will expire on : ____/____/____

The applicant must be advised of any restrictions or conditions that are to apply to the use of their *Authority*. Please detail any such restrictions or conditions:

VISITOR INDEX NUMBER: _____

Signed on behalf of the Authorised Visitor Review Committee:

Name: (print full name) _____

Title: _____

Signature: _____

Date: ____/____/____

