

Form 27(a)
 QUEENSLAND
 Corrective Services Act 2006 (s 155 and 156)

Application to Visit – Professional, Official or Other Business Purposes

Queensland Corrective Services

Warning to Visitor

It is an offence for a person to assume a false identity for the purpose of entering a corrective services facility or to give information that the person knows is false or misleading. A person who does so is liable to a maximum penalty of 100 penalty units or two years imprisonment – refer *Corrective Services Act 2006* ss 130, 134.

A mobile telephone is a 'prohibited thing' in a corrective services facility. It is an offence for a person to take, or attempt to take, a prohibited thing into a corrective services facility. A person who does so is liable to a maximum penalty of 100 penalty units or 2 years imprisonment - refer *Corrective Services Act 2006* s 128.

Visitor to complete:

| | | |
|-------------------------------|--------------------|------------|
| Visitor's full name: | Sex: Male / Female | |
| Any previous name or aliases: | | |
| DOB: | Place of birth: | |
| Street address: | Suburb: | Post code: |
| Day time phone number: | Mobile number: | Email: |

| |
|---------------------------------------------------------------------------------------------------------------------------|
| Purpose of visit: |
| Person and/or Corrective Services facility being visited: |
| Contact officer visit within the Corrective Services facility (if applicable): |
| Where access is for the purpose of providing a service to the facility, provide employment position and name of employer: |

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| | YES/NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| (a) As an adult, have you been convicted of escaping, or attempting to escape from lawful custody in Queensland or elsewhere? | <input type="checkbox"/> <input type="checkbox"/> |
| (b) Have you ever been convicted of helping or attempting to help a prisoner to escape from lawful custody in Queensland or elsewhere? | <input type="checkbox"/> <input type="checkbox"/> |
| (c) Have you ever been convicted of committing or attempting to commit an offence while visiting a prisoner in lawful custody in Queensland or elsewhere? | <input type="checkbox"/> <input type="checkbox"/> |
| (d) Have you been refused access to or been suspended from entering a Corrective Services facility? | <input type="checkbox"/> <input type="checkbox"/> |
| (e) Do you have any criminal convictions recorded against you? (a conviction is “a finding of guilt or the acceptance of a plea of guilty by a court”) | <input type="checkbox"/> <input type="checkbox"/> |
| (f) Have you ever had a finding or determination made against you in a criminal court? (Including a finding of “guilty, no conviction recorded”) | <input type="checkbox"/> <input type="checkbox"/> |
| If YES to any of the above questions, please provide details on a separate sheet. | |

I,, hereby attest that I have read the warning section of this document and understand that it is an offence to give information that I know to be false or misleading. I state that the information that I have provided is true and accurate.

I further attest that I have read the warning section of this document and understand that it is an offence to take, or attempt to take, a mobile telephone into a corrective services facility.

I provide consent to the approving authority, if they deem it necessary, to seek a criminal history check on me through the Queensland Police Service and for Australian Police Services to disclose criminal history information, which may include charges laid against me or awaiting determination.

Form 27(a) Information Privacy Notice

Sections 155, 156, 157A, 160, 162, 263 and 341 of the *Corrective Service Act 2006*

The Department of Community Safety is collecting the information on this form for the following purposes:

- to decide whether a visitor poses a risk to the security or good order of a corrective services facility.
- for the Department to discharge its legislative, accountability, administrative, reporting, management, personnel and financial functions.

Collection of this information is authorised/required by the *Corrective Service Act 2006*.

The Department of Community Safety usually gives some or all of this information to the Queensland Police Service or other State, interstate, Commonwealth and international government departments or other entities; to private organisations which provide services to offenders and, in some circumstances, to individuals.

In addition to the above uses and disclosures, your personal information may also be used and disclosed as per the Queensland Corrective Services *Visitor Privacy Statement* that is provided to all visitors to correctional centres. For further information about privacy and other uses and disclosures of your personal information, refer to the Department’s Privacy Plan as amended from time to time, available on the Department’s website.

Visitor's signature: **Date:**/...../.....

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Verifying officer use only:

Identification provided—

- Current Driver's Licence No:;or
- Current Passport No:;or
- A Current Security Identification Card Issued by the Supreme Court or other State Government Entity; or
- Other (**refer *Corrective Services Regulation 2006 s 24***)—
 - 1)
 - 2)
 - 3)

Requesting officer:

I certify that I have verified the applicant's signature and the above details against the identification provided.

Officer's name:

Officer's signature: _____ Date: ____ / ____ / ____

To be completed by Visits Approving Officer:

Criminal history check required: Yes No
If yes, no further processing of the form until the criminal history is received.

Officer's name: _____

Approving the request for a criminal history

Officer's signature: _____ Date: ____ / ____ / ____

Criminal history received and considered: Yes No

Application to visit approved: Yes No

Conditions imposed on entry (eg escorted by an officer at all times, limit on areas that can be accessed):

Officer's name: _____

Officer's signature: _____ Date: ____ / ____ / ____

If the application to visit is for the purpose of providing professional rehabilitation services such as counselling, this application must be faxed to the Executive Director, Offender Programs and Services (Fax No. 07 3224 6925) for consideration prior to the visitor being approved to enter the facility to provide the service.

To be completed by the Executive Director, Offender Programs and Services:

The applicant is approved to provide professional rehabilitation services: Yes No

Name: _____

Signature: _____ Date: ____ / ____ / ____

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PART B

Organisation/Service name: _____

Nature of the professional services being provided (aim, content, approach):

Target group (and supporting rationale):

Note: Please attach certified copies of any professional qualifications for providing the proposed professional services. If there are no attachments it will be assumed no qualifications are held.

Need for service (indicate evidence of need/demand in population/centre):

Site requirements (note any use of dedicated/specific facilities and time and duration required):

Support by proposed site management:

The proposed services is supported by site management Yes No

Approving Manager's name: _____

Position: _____

Signature: _____ Date: ____/____/____

Source and period of funding availability for the proposed service:

Cost to Queensland Corrective Services (if any, include resources, required staff involvement as well as financial):

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To be completed by the Executive Director, Offender Programs and Services:

External Provider Accreditation Panel comment (if applicable)

The applicant is approved to provide professional rehabilitation services: Yes No

Name: _____

Signature: _____ Date: ____/____/____