**Application to visit prisoners – s 65**

**(In accordance with s 65 of the *Prisons Act 1981*)**

**Please ensure that all sections of this form are completed.**

**If not applicable please note N/A**.

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| Applicant’s details | |
| Family name: | Given name(s): |
| Contact number: | Drivers License no: |

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| Organisation |
| Name of sponsoring organisation:      ***NARCOTICS ANONYMOUS*** |
| Relationship to organisation:      ***NARCOTICS ANONYMOUS MEMBER*** |
| Sponsor’s contact details (name, contact details and address):    ***NARCOTICS ANONYMOUS***  [***CASUARINANA@GMAIL.COM***](mailto:CASUARINANA@GMAIL.COM)  [***WWW.WANA.ORG.AU***](http://WWW.WANA.ORG.AU) |

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| Visit details |
| Nominated prison(s) to be visited:    ***CASUARINA PRISON*** |
| Reason(s) for application:    ***ATTEND IN-HOUSE NARCOTICS ANONYMOUS MEETINGS*** |

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| Consent to obtain personal information |
| This form is used by the Department of Corrective Services (DCS) as part of the assessment process to determine whether a person is suitable to visit prisoners in a custodial environment in accordance with s 65 of the Prisons Act 1981 for a bona fide purpose (such as in a welfare/advocacy capacity).  By completing the form you are providing consent for the Department to undergo intelligence checks and where required, criminal history record checks on the information you provide. The information you provide may be disclosed to other agencies (ie Australian Police Services) for the purpose of completing these checks. |

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| Previous name(s) (where applicable): | |
| Reason (ie adoption, marriage) | |
| Place of birth (Town or city / state / country): | |
| Date of birth:    /    / | Gender: ☐ Male ☐ Female |

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| Current residential address: |
| Current postal address (only if differs to residential address) : |
| Permanent residential address over last five (5) years:  (if full list of previous addresses are unavailable details of town(s) and state(s) will suffice) |

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| Acknowledgement/undertaking |
| Below are conditions to be observed by persons approved to visit prisoners for bona fide reasons in line with s 65 of the *Prisons Act 1981*:   * Visitors are required to provide true information when making application for permission to enter a prison. It an offence to knowingly make a false statement for this purpose. * All visits must be approved by the Superintendent or authorised officer who is provided with the intended date, time and purpose of the visit, including the name of the prisoner to be visited. * Visitors will be denied entry until appropriate clearances have been received and acknowledged by the prison Superintendent. * When you visit a prison you are entering a secure environment. The Superintendent has a responsibility for the good order and security of the prison and for the safety and welfare of all staff, prisoners and visitors. Visitors are required to comply with all lawful directions/instructions given by staff and the procedures in place at the prison. * Visits are to be undertaken in the area assigned for Official Visits. * Visitors are required to declare all articles being brought into or removed from the prison. It is an offence to take into or to remove from a prison any unauthorised articles. * Visitors must wear appropriate clothing. Wearing inappropriate clothing, such as revealing clothing may result in your being denied entry. * Visitors are subject to Departmental search protocols and may be subject to searching and scrutiny of any personal items. * Offensive, inappropriate or improper behaviour will result in termination of the visit and a review of your access permissions. * Visitor approval is subject to review. * Visitors must bring to the attention of the Superintendent (or delegate) any matter that may pose a risk to the good order and security of the prison or safety of any person. * Where an approved visitor does not visit for a period greater than 12 months their approval may be terminated. In these cases, visitors will be required to submit another request for approval if wishing to attend the prison.   The Department reserves the right to withdraw or vary any permission to visit for failure to comply with the conditions set out above or in any circumstances that the Department considers reasonable. |
| I,       declare that I have read, understood and agree to abide by the conditions.  Applicant’s Signature: Date:    /    / |

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| Approval | | |
| Superintendent’s recommendation: | | |
| Signature: | Date:    /    / | |
| JIS Clearance: | | |
| Superintendent approval (where the application applies to one prison, signed copy to be provided to JIS) | | |
| Signature: | | Date:    /    / |
| Assistant Commissioner Custodial Operations Approval (where multiple prisons) | | |
| Signature: | | Date:    /    / |