 Version 14

Form 27(a)

QUEENSLAND

*Corrective Services Act 2006* (s 155 and 156)

**Application to Visit (In Person/Virtual) – Professional, Official or Other Business Purposes**

Queensland Corrective Services

**PART A – TO BE COMPLETED BY VISITOR**

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| Surname: First name: Other given names:  |
| Any previous name or aliases:   |
| DOB: Sex: Male / Female / Unspecified |
| Place of birth - Town: State: Country:  |
| Name of Business/Agency/Firm (if applicable): Business/Contact Address: Suburb:State: Country: Post code: Start date at address: |
| Day time phone number: Mobile number: Email: |

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| Mode of visit requested (select all which may apply):□ In person visit□ Teleconference□ Video conferenceWhich Centre are you seeking access to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.(Legal visitors, religious visitors who are a contracted chaplaincy service provider and government agency visitors are not required to nominate a specific centre). Contact officer within the corrective services facility (if applicable): |

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| Purpose of visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If the application to visit is for the purpose of **providing professional rehabilitation services** such as counselling, then certified copies of any professional qualifications for providing the proposed professional services must be provided. If there are no attachments it will be assumed no qualifications are held.Organisation/Service name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nature of the professional services being provided (aim, content, approach etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Are you an Australian legal practitioner or government legal officer as defined under the *Legal Profession Act 2007* who is authorised to practice law under that Act**:**□ No – please complete the criminal history disclosure questions below;□ Yes – registered with Queensland Law Society;□ Yes – registered with Queensland Bar Association; or□ Yes – not registered with either above organisation. |

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| Criminal history disclosure - to be completed **by all applicants** requesting in-person visits other than legal practitioners (refer to section 156(3) of the *Corrective Services Act 2006*):(a) As an adult, have you been convicted of escaping, or attempting to escape from lawful custody in Queensland or elsewhere?(b) Have you ever been convicted of helping or attempting to help a prisoner to escape from lawful custody in Queensland or elsewhere?1. Have you ever been convicted of committing or attempting to commit an offence while visiting a prisoner in lawful custody in Queensland or elsewhere?
2. Have you been refused access to or been suspended from entering a corrective services facility?
3. 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”)

If YES to any of the above questions, please provide details on a separate sheet. | YES/NO□ □□ □□ □□ □□ □ |

**WARNING TO APPLICANT**

It is an offence for a respondent against whom a Domestic Violence Order has been made or a Police Protection Notice is in place to knowingly contravene a condition of that order or notice. A respondent who does so is liable to a maximum penalty of between 120-240 penalty units or 3-5 years imprisonment for contravention of a Domestic Violence Order and 120 penalty units or 3 years imprisonment for contravention of a Police Protection Notice– refer to sections 177 and 178 of the *Domestic and Family Violence Protection Act 2012*.

**In person visit applicants:**

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 to sections 130 and 134 of the *Corrective Services Act 2006*.

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 to section 128 of the [*Corrective Services Act 2006*](http://intranet/externalLinks/Corrective%20Services%20Regulation.asp).

All Queensland Corrective Services facilities **are tobacco and smoke free**. This includes:

* tobacco and other smoking related products and smokeless tobacco products are prohibited things; and
* grounds of a corrective services facility are smoke free areas.

Additionally:

* personal tobacco or other smoking related products or smokeless tobacco products should not be brought onto the grounds of a corrective services facility. Where tobacco or other smoking related products are in the possession of a visitor they must either be secured in a motor vehicle or a visitor’s locker; and
* no smoking will be permitted anywhere on the grounds of a corrective services facility (including car parks, walkways, visits processing etc).

**Teleconferencing and video conferencing applicants:**

Section 341 of the *Corrective Services Act 2006* provides against the unlawful disclosure of confidential information. This includes information that could reasonably be expected to pose a risk to the security and good order of a corrective services facility. The Queensland Corrective Services’ dial-in number for the purposes of video and teleconferencing should not be disclosed to a third party, unless with the express consent of the Chief Superintendent or other delegate.

An approved person must not intentionally allow another person to participate in the video or teleconferencing and/ or continue with a conference that allows the prisoner to contact someone other than an approved person.

The applicant may be granted access to video and teleconference use if the authorised delegate is satisfied that the visitor –

1. is a legal practitioner, or a person authorised in writing by the prisoner’s lawyer to act for the lawyer, and is the legal representative of the prisoner; or would otherwise be considered a professional visitor; or an accredited or government visitor;
2. has established their identity; and
3. does not represent a risk to the security or good order of a corrective services facility.

**CONSENT**

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.

If applying for in person visits, 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.

If applying for video and/or telephone conferencing, I accept the following responsibilities and conditions of use of video and teleconferencing and agree to abide by them:

* To maintain the confidentiality of dial-in numbers for video and teleconferencing suites located in correctional centres; and
* To advise QCS in writing any change to employment situation and/or location changes.

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.

**Information Privacy Notice**

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

Queensland Corrective Services (QCS) 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 QCS to discharge its legislative, accountability, administrative, reporting, management, personnel and financial functions.

Collection of this information is authorised by the *Corrective Services Act 2006*.

The information collected may be disclosed, subject to the provisions of section 341 of the *Corrective Services Act 2006*, the *Information Privacy Act 2009* and other relevant legislation to the Queensland Police Service or other state, interstate and overseas agencies, private organisations and, in some circumstances, persons.

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 QLD Corrective Services Privacy Statement on the Agency’s website.

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

**PART B – TO BE COMPLETED BY A CORRECTIVE SERVICES OFFICER**

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| **Identification provided:** A visitor may prove their identity by providing **one** form of the following identification as detailed in section 22 of the Corrective Services Regulation 2017–❑ a current Driver Licence - Expiry: ................................................................; or * a current Passport - Expiry: ................................................................; or
* an identification card, containing the person’s photo issued by:
1. the chief executive; or
2. a law enforcement agency; or
3. the Supreme Court; or
4. a State government entity; or
5. an educational facility; or

❑ a letter signed by a member of an Aboriginal and Torres Strait Islander organisation that identifies the individual by name.In instances where a visitor is not able to provide **one** form of the above, a visitor may prove their identity by producing any **three** of the documents detailed in section 22(1)(a) of the Corrective Services Regulation 2017. |

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| **Legal Practitioner status** (if applicable- excludes government legal officers) confirmed with:❑Queensland Law Society (Phone 3842 5805 or check www.qls.com.au)❑Queensland Bar Association (Phone 3238 5100 or check www.qldbar.asn.au)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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

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| **If application is to provide professional rehabilitation services:**The proposed services are supported by site management ❑ Yes ❑ NoApproving Manager’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

**Please note: a prescribed person as defined in section 155 of the *Corrective Services Act 2006* is not required to apply for approval prior to visiting a facility and is therefore not required to complete this form.**

**PART C – TO BE COMPLETED BY AUTHORISED DELEGATE DECIDING VISIT APPLICATION**

Criminal history check required:

❑ No – proceed to next section

❑ Yes - no further processing of the form until the criminal history is received.

Name of office approving the request for a criminal history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Criminal history received and considered: ❑ Yes ❑ No

Application to visit approved: ❑ Yes ❑ No

Mode(s) of contact approved: ❑ In person visit ❑ Teleconference ❑ Video conference

Nature of approval:

❑ Legal visitor – access approval for **all** corrective services facilities

❑ Religious visitor – access approval for **all** corrective services facilities

❑ Government agency visitor – access approval for **all** corrective services facilities

❑ Other professional visitor – access approval for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(specify corrective services facility)

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_