Version 13

Form 27

QUEENSLAND

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

**Approval for Access to a Corrective Services Facility and Visit a Prisoner (Personal Visitor)**

Queensland Corrective Services

**VISITOR TO COMPLETE**

1. **Personal Details:**

|  |
| --- |
| Surname: First name: Other given: |
| Any previous names or aliases: Sex: Male/Female |
| DOB: |
| Residential Address: Suburb:  State: Country: Post Code: Start date at address: |
| Daytime phone number: Mobile Number:  Email: |

1. **Particulars of Child Visitor/s (if relevant)**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name of Child | Date of Birth | Child’s Relationship to Prisoner | Reason for Visit |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Are you the parent/guardian of the above children? □ Yes □ No

Is the child/ren involved with Child Safety? □ Yes □ No

Are there urgent circumstances relating to the prisoner and/or child? □ Yes □ No

If yes, provide details:

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

1. **Type of Visit:**

|  |
| --- |
| Please select which visit type/s you are applying for:  □ Virtual Personal Visit (VPV) only *– skip to part E (*please note you will need to **re-apply** to be approved for in-person visits if you choose this option at a later date).  □ In-person *– proceed to part D* (please note approval for in-person visits also provides approval for VPV)*.* |

**D) Criminal History Disclosures:**

|  |  |
| --- | --- |
| 1. 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’)? | YES/NO  □ □ |
| 2. Have you been released from a prison within the last 12 months? | □ □ |
| 3. Are you currently under supervision by Community Corrections (e.g. probation order, parole order, community service order, intensive correction order)?  If YES to any of the above questions, please provide details (attach a separate sheet if necessary).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ □ |
| **Consent**  I, …………………………………………………………………………………………………, consent for the Queensland Corrective Services (QCS) to seek a national criminal history check on me through the Queensland Police Service and for the Australian police services to disclose criminal history information to QCS, its employees and agents.  I understand the disclosure of information about my criminal history will be subject to Commonwealth, State or Territory legislation where it applies, or the policy of the police service making the disclosure, or both.  **Required Information:**  Place of Birth - Town: State: Country: | |

1. **Other Court Involvement Disclosures:**

|  |  |
| --- | --- |
|  | YES/NO |
| 1. Are you the subject of any current restraining, child protection or domestic violence order/s? | □ □ |
| 2. Is any child visitor the subject of any court matter (e.g. court order or proceedings) related to the prisoner?  If YES to any of the above questions, please provide details (attach a separate sheet if necessary).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ □ |

1. **Details of Prisoner(s) Being Visited:**

|  |
| --- |
| Prisoner’s name: DOB: |
| Relationship to prisoner: |

**Notice**

The *Corrective Services Act 2006* s146provides that lethal force may be used to stop a person from helping, or attempting to help, a prisoner to escape from secure custody.

It is an offence 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 2 years imprisonment – refer *Corrective Services Act 2006* s134.

It is an offence to interview a prisoner, or obtain a written or recorded statement from a prisoner, whether the prisoner is inside or outside of 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* ss130, 132.

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*](http://intranet/externalLinks/Corrective%20Services%20Regulation.asp)s128.

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 *Domestic and Family Violence Protection Act 2012* ss 177, 178.

Personal visitors will be asked to participate in an IONSCAN testing process which requires the touching of the person and/or garments with a wand for the purposes of collecting a sample. Visitors may refuse but will either be refused entry or will only be permitted a non-contact visit at the discretion of the corrective services facility.

**Tobacco and Smoke Free Facilities**

All Queensland Corrective Services facilities are tobacco and smoke free areas. Tobacco and other smoking related products and smokeless tobacco products are prohibited things.

* 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 or smokeless tobacco products are in the possession of a visitor, it 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 area etc).

**NOTE: All applicants, including child visitors, must prove adequate proof of identity with their applications. Acceptable identification methods are detailed on page four.**

Certified copies of your identification documents witnessed by a Justice of the Peace or a Commissioner for Declarations are to be included with your application and sent to the corrective services facility you are applying to visit.

Alternatively, original documentation can be presented to the visits processing centre as proof of identity prior to your application being considered for approval. Certified copies are not required when the original document is presented.

All applicants should contact the corrective services facility they are applying to visit if they wish to discuss any of the requirements of the Form 27 or require any clarification. The applicant can do this either through the relevant corrective services facility visit booking number or in person at the Visits Processing Office.

Visitor’s Name: ....................................... Visitor's Signature: ............................................. Date: ….../….../…...

**Collection Notice**

QCS is authorised to collect this information under sections 155, 156, 157A, 160, 162, 263 and 341 of the *Corrective Services Act 2006* to decide whether a visitor poses a risk to the security or good order of a corrective services facility and to discharge its legislative, accountability, administrative, reporting, management, personnel, and financial functions.

QCS discloses relevant information to state and commonwealth police services, and, when relevant, child protection agencies, for the purposes of deciding whether a visitor poses a risk to the security or good order of a corrective services facility, or the safety and wellbeing of any other person/s. When an approved visitor schedules a visit with a prisoner, QCS may disclose the visitor’s name to the prisoner the visit has been scheduled with.

QCS manages personal information under the provisions of section 341 of the *Corrective Services Act 2006* and the *Information Privacy Act 2009* and will not disclose personal information collected on this form to any other parties unless authorised or required by law.

**OFFICE USE ONLY**

**Verification of Identification Provided**

**Applicant to provide ONE of the following:**

 Current Driver Licence Expiry………………..

**OR**

 Current Passport Expiry……………..

**OR**

 A letter signed by a member of an Aboriginal or Torres Strait Islander organisation that identifies the person by name and signature.

**OR**

 Identification card containing the person’s photo issued by—

i. the chief executive

ii. a law enforcement agency

iii. the Supreme Court

iv. a State Government entity (including a Photo Identification Card issued by the Department of Transport and Main Roads)\*

v. an education facility

**ALTERNATIVELY, identification can be verified via providing any THREE of the following:**

 Other current photographic ID displaying signature

 Birth Certificate

 Statutory Declaration\*\*

 Current Debit/Credit card/Bank Book with signature\*\*\*

Name of banking institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of card or bankbook: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Current Medicare Card

 Current Pensioner or Social Security Card

Processing officer to note which the following:

 Original identification sighted **OR**  Certified copy identification sighted

Where certified copies of identification are received, they are to be stored while the application is being processed. **Once the visitor has been approved, all certified copies are to be destroyed**.

\*This can include a digital licence produced via the Digital Licence Application developed by Department of Transport and Main Roads. A shared PDF with a validated certificate is considered a certified copy of identification.

\*\*Must verify visitor's identity and signature and be signed by a Justice of the Peace or a Commissioner for Declarations.

\*\*\*Where a visitor provides a current debit card, credit card, bank book, Medicare Card or Pensioner Card as a form of identification, only the name of **type** of identification should be recorded on the Approved Form 27 and entered into IOMS. **Under no circumstances are cards, account numbers or any personal identifying particulars to be recorded or entered into IOMS.**

**Visitor checks conducted**

Visitor’s signature witnessed  Yes  No

Identification verified  Yes  No

Child/ren’s identification verified  Yes  No  N/A

DVO holdings checked (if required)  Yes  No  N/A

CH checked (if required)  Yes  No  N/A – VPV access only requested

Officer's Name: .......................………….............

Signature: ....................................

Date: ….../….../…...

**Delegate’s decision on access approval**

Application to visit approved  Yes – In person access  Yes – VPV only  No

Child/ren approved to visit  Yes  No  N/A

Names of child/ren:

Factors considered by the delegate to determine if visit is in the child’s best interests (refer CSR s23):

Delegate's name and rank: .......................………….............

Signature: ................................

Date: ….../….../…...