Work Camp Prisoner Exit Survey

Feedback for the ongoing assessment of offender perception toward work camp services.

Prisoner’s name: ______________________________________
Work Camp location: ______________________________________
Released to: ______________________________________
Release date: ______________________________________

To be completed with assistance from work camp staff where necessary

What are the best things about being at the work camp?
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What are the not so great things?
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How can we make work camps better?
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How can we encourage more prisoners to get involved in work camps?
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Did the work camp assist you in preparing for your release? Yes ☐ No ☐
If yes, how, and if no, how not?
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The Officer is to return a copy of the completed form to: workcamps@correctiveservices.wa.gov.au.

The original form is to be returned to the home prison and placed on the prisoner’s Prisoner Management File.