



**Re-Integration Leave (RIL) – Appendix 1**

**Application to participate in Re-Integration Leave (RIL)**

Prisoner's Name: \_\_\_\_\_

TOMS ID: \_\_\_\_\_ Prison: \_\_\_\_\_

I wish to apply for Re-Integration Leave at a: (tick appropriate box)

Prison Facility	<input type="checkbox"/>
Work Camp	<input type="checkbox"/>

Note: Prisoners may apply up to three months before their eligibility date for Leave.

Prisoner's proposed sponsor's details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to prisoner: \_\_\_\_\_

Any comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prisoner's signature

Date:     /     / \_\_\_\_\_

**Prisoner to complete form and submit to Prison Assessments Officer. If eligible to apply, the Officer is to request a Community Corrections Officer's report and complete an AIPR/ACM Checklist.**