



Re-Integration Leave (RIL) – Appendix 2

Sponsor Nomination – Re-Integration Leave

I agree to be nominated as a Re-Integration Leave sponsor to:

(Prisoners Name) _____

I do/do not* have a criminal record and I authorise the Department of Corrective Services to undertake a criminal record and Police check.

*Delete as appropriate

I consent to an interview with a Community Corrections Officer to be held at the proposed Re-Integration Leave address where possible, at which time I will be provided with a statement of Re-Integration Leave conditions and given the opportunity to agree to act as sponsor.

Full Name: (Print): _____ Date of Birth: / / _____

Signed: _____ Dated: / / _____

The above was made by the sponsor before me.

Signature

Official designation

/ /
Date