



Prisoner Employment Program – Appendix 1

Authorisation by Employer / Training Provider for Security Check

I agree to be nominated as a Contact person for the Prisoner Employment Program in relation to:

Prisoners name: _____

Date of birth: _____

On behalf of _____
<name of company / training provider>

Police Check and Security Clearance

I do / do not* have a criminal record and I authorise the Department of Corrective Services (DCS) to undertake a criminal screening. Applicable / Not Applicable

(*Delete as appropriate)

I consent to an interview with the Employment Coordinator, representing the Department of Corrective Services, where I will be provided with an information package, including conditions about the Prisoner Employment Program.

Full name: (Print) _____ Date of birth: _____

Company address _____

Work location address _____

WA drivers licence _____ (If Applicable)

Signed: _____ Dated: _____

The above was made by the contact person before me.

Signature Official designation Date: / /