



Prisoner Employment Program – Appendix 2

Authority to disclose convictions and medical assessment

As per Policy Directive 68, Prisoner Employment Program, a prisoner is required to complete the *Authority to Disclose Convictions* and *Authority to Release Medical Assessment Information* in the presence of a Department of Corrective Services' officer. Once completed this is to be handed to the Employment Coordinator.

I, (name) _____ DOB: / /
(please print full name)

TOMS ID:

hereby **authorise / do not authorise** (cross out not applicable) the Department of Corrective Services, to **disclose my convictions** and **medical assessment**, to Government and Non Government agencies and employers for the purpose of, or related to, my employment and/or training for the duration of my involvement in the Prisoner Employment Program (PEP).

Prisoner to sign: _____ **Date:** / /

Witnessed by a DCS officer: Name: _____

Title: _____

Signature: _____

| | |
|-------------------------------------------------------------|---------------------|
| Employment Coordinator | |
| Type of Activity <small>(Please tick box(s))</small> | |
| <input type="checkbox"/> | Paid employment |
| <input type="checkbox"/> | Vocational training |
| <input type="checkbox"/> | Work experience |

| | | | |
|-----------------|--|-------|--|
| Current prison: | | Unit: | |
|-----------------|--|-------|--|