Prisoner Employment Program – Appendix 3

Authority to obtain and share confidential information

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

TOMS ID:

hereby **authorise / do not authorise** (cross out not applicable) the Department of Corrective Services, to obtain and share confidential information about my participation in the Prisoner Employment Program (PEP), 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) and for a period of up to three (3) years post release.

Prisoner to sign: _____ Date: / /

Witnessed by a DCS officer:

Name: _____

Title: _____

Signature: _____

Employment Coordinator	
Type of Activity (Please tick box(s)	
☐	Paid employment
☐	Vocational training
☐	Work experience

Current prison:	

Please forward this completed form to the Employment Coordinator