



Application to participate in the Prisoner Employment Program

Prisoner's name:			
TOMS ID:		Prison:	

I wish to apply for the following activities of the PEP: (tick appropriate boxes)

Education	<input type="checkbox"/>
Vocational training	<input type="checkbox"/>
Work experience full-time	<input type="checkbox"/>
Work experience part-time	<input type="checkbox"/>
Seeking employment	<input type="checkbox"/>
Paid employment – full-time	<input type="checkbox"/>
Paid employment – part-time	<input type="checkbox"/>

Comments:

Do you wish to nominate an employer or education facility, or employment or education activity as part of this application?

Details in regard to transport to and from the proposed PEP activity:

Please attach copies of any supporting documentation, including details of a proposed employer or education facility or employment or education activity.

Standard conditions:

In the event that my application for the PEP is approved, I agree to abide by the following standard conditions. Failure to do so may result in my participation in the PEP being cancelled and further action taken against me.

- not to handle money as part of any employment activities
- not to attend a private residence without the company of the supervising person and without the resident being made aware of my status as a prisoner
- not to access mobile phones or the internet
- not to consume poppy seeds in any form
- not to receive visits from family members, partners, friends and associates at external locations, unless the visit has been approved by the prison and the employer and meets all the requirements of Adult Custodial Rule 7 – Communications – Visits
- not to be in the possession of, or to consume or take in any alcohol
- not to be in the possession of, or to consume or take in any drugs unless prescribed by a medical practitioner
- not to enter casinos, TAB outlets, bars, nightclubs or racetracks unless it is part of an approved PEP activity

I further agree to abide by any additional conditions imposed following the full assessment of my PEP application.

Prisoner's signature

Date: / /

The prisoner is to complete this form and submit it to a prison officer tasked with completing prisoner assessments or the Employment Coordinator, for further action by prison staff, in accordance with PD 68.