Declaration of Contact with Offenders

Information for Applicants:

You must read through this information carefully prior to completing this form.

An offender is anyone who is currently serving any sentence of imprisonment, periodic detention or who is under the supervision of Community Corrections (formerly Probation and Parole) for any offence OR anyone who has ever served a custodial sentence of more than six months OR anyone who has ever been convicted of a sexual offence OR any other person who in the past ten years has served any sentence of imprisonment or periodic detention or has been under the supervision of Community Corrections for any offence in any State / Territory in Australia.

In order to be considered for employment you MUST disclose **all** contact with "offenders" as defined in the above paragraph. This includes current and/or prior contact, even if you are no longer in contact with the person. Contact includes but is not limited to the following examples:

- Visiting someone in a correctional facility/complex, either personally or professionally
- A friendship with someone you believe may be an offender (this can include you speaking with them on the telephone, exchanging e-mails, through social media contact or spending social time together, even if only occasionally)
- You are a member of the same club, team, organisation, or similar association as someone you believe may be an offender and you see them there as part of that membership, team, organisation or association
- You interact closely with someone you know to be an offender for a reason other than the purposes of your occupation
- At any time you have worked for a private business which has offenders as clients
- You have ever written to or received correspondence from an inmate
- You have received a telephone call from an inmate or have been listed on an inmate's telephone account
- You have deposited money into an inmate's account.

Employees and prospective employees of NSW Department of Justice MUST report all current and previous contact with known offenders, which include personal or family relationships.

Employees or prospective employees are not prohibited from having contact with offenders who are relatives or in a relationship of any kind with. It is important however that such contact is disclosed so that risks are managed and false perceptions corrected.

Improper relationships of any kind with offenders as defined above will not be tolerated. Disciplinary action including dismissal may be taken against any employee or prospective employee who provides false and/or misleading information or who fails to disclose relevant information about interaction of any kind with an offender.

Failing to declare contact with offenders or providing false or misleading information may result in your application being deemed ineligible for consideration.

Internal applicants: you are NOT authorised to search the Offender on the Offender Integrated Management System (OIMS) for the purpose of completing this form.

Declaration of Contact with Offenders

Section 1: Personal Details & Application:

First Name:		Surname:	
Date of birth:		Serial Number : *(if known)*	
Full Home Address:			
		Postcode:	
Contact Phone No.			

Please state which role you have applied for:

Role Title:	

Section 2: Contact with Offenders:

One of the two boxes below **MUST** be ticked:

☐ **I declare I have not had contact with ANY offender(s), including interstate offender(s)** **(No requirement to complete Section 4)**

☐ **I declare I have current contact or have had previous contact with offender(s)** **as set out on Section 4 of this form** **attached:**

Section 3: Declaration

1. I understand that the information provided in this Declaration will be treated as confidential and used and disclosed only where necessary for the purpose of managing risks arising from the contact. The information contained in this report is true and accurate to the best of my knowledge.
2. I understand that if at any time in the future these details change or I have contact with or develop any kind of relationship with an offender, including an interstate offender, I must immediately complete a new Declaration and submit it to my manager/supervisor.
3. I am aware that disciplinary action may be taken against me if I am or become an employee and have been found to have provided false and/or misleading information or if I fail to disclose any relevant information.
4. I authorise the Department of Justice to review records held in the Offender Integrated Management System, telephone register and any other records held by the Department for the purpose of verifying the information provided in this Declaration and in my application for employment.
5. I understand that if I have any contact with an offender that I must declare the contact by completing and signing Section 4 of this form.

Full Name:	
Date:	
Signature:	

Declaration of Contact with Offenders

NSW GOVERNMENT | Justice

Section 4: Details of Offenders (please copy this page if more space is required)

Offender 1:

Full Name:			
Date of Birth: *(if known)*		Age: *(if known)*	
Address *(if known)*			
Currently an inmate:	☐ Yes ☐ No ☐ Don't Know	MIN: *(if known)*	
Correctional Centre *(if known)*		State: *(if known)*	
Currently under Community Corrections supervision?	☐ Yes ☐ No ☐ Don't Know		
Reporting to Community Corrections Office *(if known):*			

Nature of relationship/contact:
(Provide full details e.g. relative (specify relationship), friend, professional contact, if you were the victim of crime, etc.)

Frequency of contact:	
Approximate date of last contact:	

Offender 2:

Full Name:			
Date of Birth: *(if known)*		Age: *(if known)*	
Address: *(if known)*			
Currently an inmate:	☐ Yes ☐ No ☐ Don't Know	MIN: *(if known)*	
Correctional Centre: *(if known)*		State: *(if known)*	
Currently under Community Corrections supervision?	☐ Yes ☐ No ☐ Don't Know		
Reporting to Community Corrections Office *(if known):*			

Nature of relationship/contact:
(Provide full details e.g. relative (specify relationship), friend, professional contact, if you were the victim of crime, etc.)

Frequency of contact:	
Approximate date of last contact:	

Declaration of (Name):_____

Signature: _____**Date**:_____