

CONFIDENTIAL



Contact with Offender Declaration

An offender is anyone who is currently serving any sentence of imprisonment, periodic detention or who is under the supervision of Community Offender Services 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 Offender Services for any offence in any State / Territory in Australia.

Contact can include but is not limited to the following examples:

- A friendship with someone you know to be an offender – ie; you speak on the telephone, exchange e-mails or spend social time together, even though it may happen only occasionally.
- You are a member of the same club, team, organisation, or similar association as someone you know to be an offender and you closely interact with them.
- You interact closely with someone you know to be an offender for a reason other than the purposes of your occupation.
- You have, or do some work for, a private business which has offenders as clients.

Employees and prospective employees of Corrective Services NSW are obliged to report all contact with known offenders, which includes personal or family relationships.

There is no absolute prohibition on employees or prospective employees having contact with offenders, including interstate offenders, to whom they are related or with whom they are otherwise involved but it is important that such contact is disclosed so that risks may be managed and false perceptions corrected. Improper relationships of any kind will not be tolerated and disciplinary action may be taken against any employee or prospective employee who provides false and/or misleading information or who fails to disclose relevant information.

First Name/s: _____ Last Name: _____

Serial No, if known: _ _ _ _ _ Date of Birth: _ _ / _ _ / _ _ _ _

Full address: _____

State: _____ Postcode: _ _ _ _

Position: Correctional Officer Overseer Administration
 Community Offender Services Offender Services and Programs

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

I do not have any contact with an offender(s), including interstate offender(s), to declare

I declare contact with the offender or offenders as set out on page 2 attached:

Declaration

1. I understand that the information provided in this Declaration will be treated as confidential 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 become related to an offender, including an interstate offender, I am required to immediately complete a new Declaration and submit it to my manager/supervisor.
3. I am aware that action may be taken against me if I provide false and/or misleading information or if I fail to disclose relevant information.

Signed: _____ Date: _____

Details of Offender:

Full Name: _____ Age: _____

Date of Birth, if known: _____ MIN, if known: _____

Address, if known: _____

Currently an inmate: Yes / No / Don't know NSW / Other State (please specify) _____

Correctional Centre, if known: _____

Currently under Community Offender Services supervision: Yes / No / Don't know

Reporting to Community Offender Services District Office, if known: _____

Nature of relationship/contact (provide full details including frequency of contact, if you were the victim of crime, etc): _____

Details of Offender:

Full Name: _____ Age: _____

Date of Birth, if known: _____ MIN, if known: _____

Address, if known: _____

Currently an inmate: Yes / No / Don't know NSW / Other State (please specify) _____

Correctional Centre, if known: _____

Currently under Community Offender Services supervision: Yes / No / Don't know

Reporting to Community Offender Services District Office, if known: _____

Nature of relationship/contact (provide full details including frequency of contact, if you were the victim of crime, etc): _____

Details of Offender:

Full Name: _____ Age: _____

Date of Birth, if known: _____ MIN, if known: _____

Address, if known: _____

Currently an inmate: Yes / No / Don't know NSW / Other State (please specify) _____

Correctional Centre, if known: _____

Currently under Community Offender Services supervision: Yes / No / Don't know

Reporting to Community Offender Services District Office, if known: _____

Nature of relationship/contact (provide full details including frequency of contact, if you were the victim of crime, etc): _____

MANAGEMENT ACTION:

Conflict of Interest arising: **Yes / No**

Details: _____

Potential risks identified: **Yes / No**

Details: _____

Action taken:

Details: _____

Referral to Senior Manager: **Yes / No / N/A**

Details: _____

Referral to the Roster Scheduling Unit: **Yes / No / N/A**

Details: _____

Monitoring required: **Yes / No / N/A**

Details: _____

Further action/information:

Details: _____

Signed: _____

Date: _____

Position: _____

Review Date: _____

Line Manager / Monitoring Officer (if required):

Name: _____ Position Title / Rank: _____

Work Location: _____ Date received: / /

Comment: _____

Employee:

Copy of completed Declaration, including Management Action received on: / /

Name: _____

Signature: _____

Faxed to CIG on (02) 9748 0624

Scanned onto employee's Personal File on TRIM
OR

Original posted to Payroll Manager, Payroll & Personnel Services Unit
(South West Regional Office, Goulburn. Please address as "Private & Confidential")

By (name) _____ Designation: _____

Signature: _____ Date: / /