

Work or Development Plan - Application Pack

Thank you for your enquiry regarding a Work or Development Program (WDP).

To assist with your application we have enclosed:

- The Work Development flow chart;
- Proof of Identity checklist;
- Community Work or Social Development Program Guidelines; and
- The list of current Work Development providers.

Please find the enclosed application form which needs to be submitted for a WDP:

- Application for a Work or Development Program (Please complete this form in full)
- Concession Validation form* (please complete this if your grounds of application are financial circumstances and your evidence is a prescribed Centrelink concession card);
- Application for Acceptance into Work Or Development Program (WDP) Application (The Provider will assess your circumstances and advise dates, time and program you can attend).

* **Note:** The Application for Acceptance into WDP form is to be completed by the provider.

If you have previously provided Access Canberra consent to validate your concession you will not need to complete this form.

Please provide the following with your application:

- Proof of identity (please refer to identity checklist); and
- Sufficient evidence relating to the grounds of your application. Refer to the enclosed checklist for information or documentation required.

The Access Canberra Infringement Office will assess your application and advise in writing of the outcome.

Please be aware that if your application is incomplete, it will not be processed. This may result in further costs, licence suspension, or your right to drive in ACT to be suspended. If the infringement(s) you wish to include in your WDP carry demerit points, a demerit point suspension may still be applied.

For further information please visit our website www.accesscanberra.act.gov.au/s/

What is a Work or Development Program (WDP)?

If you are struggling to pay ACT traffic, parking and traffic camera infringements and are deemed eligible, you may complete a community work or social development program, which can result in the amount of infringement debt owed being reduced. You must meet at least one or more of the following.

- mental or intellectual disability or mental disorder;
- physical disability, disease or illness;
- addiction to drugs, alcohol or another substance;
- being subject to domestic violence; or
- homelessness, or living in crisis or transitional or supported accommodation.

In relation to an application based on your financial circumstances, you must satisfy the Director General that you are experiencing serious financial hardship.

If you wish to participate in a WDP you need to obtain the support of the provider of the approved program you wish to undertake.

The types of activities that may be undertaken

A WDP can include one or more of the following activities:

- unpaid work for or on behalf of an approved program provider;
- educational, vocational or life skills courses;
- financial or other counselling;
- treatment for a physical or mental illness, disorder or disability;
- alcohol and other drug treatment; and
- mentoring.

If you are applying for a WDP on the grounds of addiction to drugs, alcohol or another substance, you can only participate in alcohol and other drug treatment.

What fines can be included in a WDP?

ACT Government issued parking or traffic camera infringements, AFP traffic or parking infringements, or parking infringements incurred in the ACT may be discharged with a WDP. If your application for a WDP is approved no further enforcement costs will be applied, as long as you comply with the conditions and the activity's monetary values cover the infringement debt.

How will your infringement debt be reduced?

The activities mentioned above each carry a monetary value calculated either hourly in the case of educational, vocational or life skills courses or monthly in the case of alcohol and other drug treatment.

How will your infringement debt be reduced?

Monetary values differ for each activity, use the table below for more details.

Activity	Monetary value
Unpaid work for or on behalf of an approved program provider	\$37.50 per hour worked
Educational, vocational or life skills course	\$50.00 per hour or \$350 per full (7 hour) day to a maximum of \$1000.00 per month
Financial or other counselling (including attending case management meetings)	\$50.00 per hour or \$350 per full (7 hour) day to a maximum of \$1000.00 per month*
Participation (as a mentee) in a mentoring program	\$1000 per month for full compliance (or a proportion for partial compliance)
Medical or mental health treatment in accordance with a practitioner's treatment plan	\$1000 per month for full compliance (or a proportion for partial compliance)
Drug or alcohol treatment	\$1000 per month for full compliance (or a proportion for partial compliance)#

* Applies to clients in alcohol or drug day treatment.

Residential treatment only (partial compliance formula = $1000 / 28 \times$ number of days client participated in the program for the month).

Who can support a person's application?

You can approach a provider to discuss your wish to apply for a WDP prior to submitting your application form to the Access Canberra Infringement team. If we accept your application, you will receive notification you have been 'conditionally' approved - only then can you approach an approved provider to discuss their acceptance of you and finalise any details. A list of approved program providers can be found at www.accesscanberra.act.gov.au/s/.

What should you do if you think you are eligible for a WDP?

If you think you are eligible for a WDP contact the Access Canberra Infringement team on (02) 6207 6000, or email acinfringements@act.gov.au. They may be able to assist you in locating your nearest approved program provider, who can assist you in completing and submitting your application.

What happens if your application is approved?

If your application is approved, the Access Canberra Infringement team will issue a WDP and suspend any infringement enforcement action against you while the WDP is in place. If your licence was suspended due to the unpaid infringement debt, the suspension will be lifted. However, if these infringements carried demerit points a demerit suspension may still take place if warranted. Contact Access Canberra on 13 22 81 for more information on licence suspensions.

What happens if your application is not approved?

If your application is not approved, you have the right to apply for an internal review of this decision. If you wish to seek an internal review of this decision you should send a written request for the review to:

The Manager
Access Canberra Infringement team
PO Box 582
DICKSON ACT 2602

or acinfringements@act.gov.au

WORK DEVELOPMENT FLOW CHART - CLIENT



An applicant who does not hold/cannot produce an Australian Driver Licence must provide the following evidence of identity.

Applicants must provide a minimum of 2 documents:

- At least one document must be Primary Proof of Identity document
- At least one of the POI documents must show a signature
- At least one of the POI documents must show a date of birth

Applicants who already hold an Australian Driver Licence need only provide this licence as full evidence of their identity.

Primary Proof of Identity (documents which will be accepted)

- **A photographic Driver Licence** issued in Australia and current or expired up to two years.
- **Australian Birth Certificate** (not a Commemorative Certificate or extract). If the certificate is not in the name currently used appropriate linking documentation will be required (e.g. Marriage Certificate).
- **Australian Passport** current or expired up to two years.
- **Overseas Passport** current or expired up to two years.
- **Australian Citizenship Certificate** or **Naturalisation Certificate**.
- **Department of Home Affairs Travel document** valid up to five years after date of issue.
- **Department of Home Affairs Evidence of Immigration Status (EIS) ImmiCard** valid to date of expiry.
- **Department of Home Affairs Permanent Resident Evidence (PRE) ImmiCard** valid to date of expiry.
- **Department of Home Affairs Australian Migration Status (AMS) ImmiCard** valid to date of expiry.
- **Current Police Officer Photo Identity Card** issued in ACT only.
- **Australian Proof of Age Card / Proof of Identity Card / NSW Photo Card** with appropriate security features that displays the date of issue by Authority and current or expired up to two years.

Secondary Proof of Identity (documents which will be accepted)

- **Current Medicare Card.**
- **Current Credit Card or Account Card** with signature and embossed name from a Bank, Building Society or Credit Union (to be sighted by staff – DO NOT submit a photocopy).
- **Current Student Identity Document** with photograph and signature issued by an Educational Institution.
- **Current Centrelink** or **Department of Veterans Affairs Concession Card.**
- **KeyPass Identity Card** issued by Australia Post current or expired up to two years.
- **Security Guard / Crowd Controller Identity Card** with photograph issued by an Australian State or Territory current or expired up to two years.
- **Firearm Licence** with photograph issued by an Australian State or Territory current or expired up to two years.
- **Current Consular Identity Card** with photograph issued by Department of Foreign Affairs and Trade.
- **Current State, Territory or Federal Government Employee Identity Card** with photograph.
- **Current Australian Defence Force Identity Card** with photograph.
- **Current ACT Government Services Access Card.**
- **Working with Vulnerable People Registration Card** current or expired up to two years.
- **ACT High Risk Work Licence** current or expired up to two years.

For further information please contact the Access Canberra Infringement team on 02 6207 6000, or email acinfringements@act.gov.au.

Information or evidence required to support an application to participate in an approved community work or social development program

Ground of application	Information or documentation required
Financial circumstances	<p>(1) Evidence that the applicant is the holder of a card prescribed for section 31A(4)(b) of the <i>Road Transport (General) Act 1999</i>: or</p> <p>(2) A statement supporting the applicant’s application provided or endorsed by one of the following:</p> <ul style="list-style-type: none"> • a financial counselling service; • an accountant; or • an organisation which routinely provides support to people in financial hardship. <p>The letter or other documentation must be no older than 3 months from the date of the application.</p>
Mental or intellectual disability or mental disorder	<p>A letter or other documentation, describing the applicant’s disability, illness or condition, from one of the following:</p> <ul style="list-style-type: none"> • the applicant’s general practitioner, treating doctor, psychiatrist, registered psychologist, or mental health nurse; • Centrelink, if the applicant is in receipt of a full or partial disability pension (e.g. a Job Capacity Assessment or other report which describes the applicant’s disability or impairment); • Disability ACT, if the applicant has been declared eligible for the receipt of services; • the applicant’s school teacher or Principal, or an employee in the Directorate of Education and Training; • a government agency or non-government organisation with experience working with people with intellectual disability or cognitive impairments; or • a government agency or non-government organisation with professionals qualified to make mental health assessments. <p>The letter or other documentation must be no older than 6 months from the date of the application, and must explain:</p> <ul style="list-style-type: none"> • the diagnosis, including the nature, severity and effects of the disability, illness or condition; • how long the applicant has had the disability, illness or condition; • how the applicant’s illness, dysfunction, disorder, disability or condition has contributed or is contributing to the inability to pay the infringement penalties owed; and • why it is more appropriate for the applicant to undertake the proposed work or activities rather than pay the infringement penalties owed.

Community Work and Social Development Program Overview

<p>Physical disability, disease or illness</p>	<p>(1) If the applicant is in receipt of a full or partial disability illness pension, a Job Capacity Assessment or other report from Centrelink describing the applicant's disability or impairment; or</p> <p>(2) If the applicant has been declared eligible for the services of Disability ACT, evidence of this declaration; or</p> <p>(3) A letter or other documentation from any of the following clearly describing the person's disability or impairment:</p> <ul style="list-style-type: none"> • the applicant's general practitioner or other registered medical practitioner, • a government agency or non-government organisation with experience working with people with physical disabilities. <p>The letter or other documentation must be no older than 6 months from the date of the application, and must explain:</p> <ul style="list-style-type: none"> • how the applicant's physical disability, disease or illness has contributed, or is contributing to, the person's inability to pay the outstanding amount; and • why it is more appropriate for the applicant to undertake the program proposed rather than pay the outstanding amount.
<p>Addiction to drugs, alcohol or another substance</p>	<p>A letter or other documentation from one of the following:</p> <ul style="list-style-type: none"> • the applicant's treating doctor, psychiatrist, registered psychologist, nurse working in the field of drug and alcohol addiction, or social worker; • the applicant's drug and alcohol case worker or counsellor; • the applicant's youth service case worker or counsellor; • the applicant's Residential rehabilitation service provider; or • a government agency or non-government organisation with expertise in working with people with serious addictions to alcohol or other drugs or substances. <p>The letter or other documentation must be no older than 6 months from the date of the application, and must explain:</p> <ul style="list-style-type: none"> • the nature, severity and effects of the addiction; • how long the applicant has had the addiction; • how the applicant's addiction has contributed, or is contributing to, the inability to pay the outstanding amount; and • why it is more appropriate for the applicant to undertake the proposed program rather than pay the outstanding amount.

Community Work and Social Development Program Overview

<p>Domestic violence</p>	<p>Documentation that can be used to identify the applicant as having been subjected to domestic violence, includes one or more of the following documents:</p> <ul style="list-style-type: none"> • Emergency Protection Order; • Domestic Violence Order; • Personal Protection Order; • transcript of hearing or orders made after a hearing; • record of court proceeding; • police report; • letter from the Legal Aid Office (ACT) Domestic Violence and Protection Order Unit; • letter from a counsellor; • letter or record of sessions from Victims Services; • letter or record of session from Domestic Violence Crisis Service; • letter from a lawyer who has been consulted regarding safe exit strategy; or • letter from a women's refuge. <p>The documentation provided must:</p> <ul style="list-style-type: none"> • demonstrate that the domestic violence remains a relevant factor to support the application; • explain how the applicant's being affected by domestic violence has contributed, or is contributing, to the inability to pay the infringement penalties owed; and • explain why it is more appropriate for the applicant to undertake the proposed work or activities rather than pay the infringement penalties owed.
<p>Homelessness or living in crisis or transitional or supported accommodation</p>	<p>A letter or other documentation from:</p> <ul style="list-style-type: none"> • the applicant's lawyer, specialist service provider or case worker; or • a government agency or non-government organisation with experience working with people experiencing homelessness. <p>The letter or other documentation must be no older than 3 months from the date of the application, and must explain:</p> <ul style="list-style-type: none"> • how long the applicant has been homeless; • the type of homelessness the applicant is experiencing; • the applicant's current living arrangements (where possible); • how the applicant's being affected by homelessness has contributed, or is contributing, to the inability to pay the infringement penalties owed; and • why it is more appropriate for the applicant to undertake the proposed work or activities rather than pay the infringement penalties owed.

Approved Work and Development Program Providers

This document provides a list of the approved Work and Development Program Providers. Please contact the Infringement Plan Office on (02) 6207 6000 if you have any enquiries.

Organisation name	Location	Contact details	Approved activities
St Vincent de Paul Society	Canberra and Goulburn region	(02) 6234 7327	Voluntary unpaid work
Karralika Programs Inc	Canberra region	(02) 6163 0200	Drug and alcohol treatment
Directions ACT	Woden, ACT	(02) 6132 4800	Drug & alcohol treatment
Directions ACT – Arcadia House	Bruce, ACT	(02) 6129 5900	Drug & alcohol treatment
Ted Noffs Foundation	Canberra region	(02) 6123 2400	Drug & alcohol treatment; mentoring program; Voluntary unpaid work
Care Financial Counselling Service	Canberra City	1800 007 007	Financial or other counselling
Mission Australia -Triple Care Farm	Robertson, NSW	(02) 4885 1265	Drug & alcohol treatment (for 16 to 25 Year olds)
Adele Dundas Inc	Moonee Beach, NSW	1300 286 693	Drug and alcohol treatment
Toora AOD Services	Canberra region	(02) 6241 7233	Drug and alcohol treatment
Canberra City Care - Christians Against Poverty	Canberra region	(02) 6178 1025	Financial or other counselling
Kedesh Rehabilitation Services	Illawarra, NSW & Manly, NSW	(02) 4260 7111	Drug and alcohol treatment
The Salvation Army Canberra Recovery Services	Canberra	(02) 6295 1256	Drug & Alcohol Treatment; Education / Vocational Life Skills Course
Calvary Riverina Drug & Alcohol Centre	Wagga Wagga, NSW	(02) 6932 6800	Drug and alcohol treatment
Nova for Women and Children	Newcastle, NSW	(02) 4023 5620	Financial or other counselling, Voluntary Unpaid Work, Mentoring Program, Educational / Vocational Life Skills Courses

Organisation name	Location	Contact details	Approved activities
The Smith Family	Woden, ACT	(02) 6283 7600	Educational, vocational or life skills course
CatholicCare Canberra & Goulburn	Red Hill, ACT	(02) 6162 6100	Counselling
Belinda Hendry Psychologist	Canberra City, ACT	0411 285 116	Mental health treatment / Counselling
Curtin Consulting	Curtin, ACT	(02) 6282 4545	Mental health treatment
Canberra Institute of Technology	Canberra, ACT	(02) 6207 3290	Vocational Education
Winnunga Nimmitjiah Aboriginal Health & Community Services	Narrabundah, ACT	(02) 6284 6222	Voluntary unpaid work, Educational / vocational life skills course, mentoring program
Footsteps Psychology	Canberra City, ACT	(02) 6176 1336	Mental health treatment
St John's Anglican Church	Gordon, NSW	(02) 9498 2744	Voluntary Unpaid Work
Aboriginal Legal Service ACT/NSW LTD	Canberra, ACT	(02) 6249 8488	Educational / Vocational Life Skills Course
Canberra Clinical & Forensic Psychology	Canberra City, ACT	0403 529 773	Mental health treatment
South Coast Medical Service Aboriginal Corporation	Nowra, NSW	(02) 4448 0200	Drug and Alcohol Treatment Mental health treatment
Auburn Psychology and Consulting Services	Auburn, NSW	(02) 9749 5939	Mental health treatment
Mental Illness Fellowship	O'Connor, ACT	(02) 6246 7102	Support for mental illness at national level
Mental Illness Education ACT	Canberra City, ACT	(02) 6257 1195	Mental health education programs
City Mental Health Unit	Canberra City, ACT	(02) 6205 1338	Mental Health Treatment
The Grey Swan	61 Tomaree Road Shoal Bay, NSW 2315	0418 864 493	Mental health treatment / Counselling



ACT
Government

Access Canberra
PO Box 582
Dickson ACT 2602
Telephone: (02) 6207 6000
Email: ACInfringements@act.gov.au

Client Application for a Work or Development Program (WDP)

Office use only

THE SECTION TO BE COMPLETED BY CLIENT

Client Details

Surname Given Name Other Names

Residential Address

Postal Address

Date of Birth Driver Licence Number State Issued

Please attach Proof of Identity with this application Contact Phone Number

E-mail Address

Concession Details

Complete this section if you receive Centrelink or Department of Veterans' Affairs (DVA) Payments

Concession Type: Centrelink Health Care Card Centrelink Pension Card DVA Pension Card DVA Gold Card

Concession Number

Please attach a copy of your concession card with this application.

Infringement Details

Would you like to include all your outstanding infringements? Yes No

If no, indicate which infringements you **DO NOT** want included.

Infringement No.	Infringement No.	Infringement No.	Infringement No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Infringement No.	Infringement No.	Infringement No.	Infringement No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Special Circumstances

Please tick to advise the relevant circumstance to support your application

- Mental or intellectual disability
- Disease or illness
- Physical disability
- Financial Circumstances
- Drug, alcohol or other substance addiction
- Victim of domestic violence
- Homeless or living in crisis, transitional or supported accommodation

Please ensure sufficient evidence is returned with this application. Refer to checklist in Appendix A of the Community Work and Social Development Program Guidelines 2013. Available at www.accesscanberra.act.gov.au/s/

Work or Development Activity you are applying for in relation to special circumstances above

- Medical/mental health treatment (including disability case management)
- Drug or alcohol treatment
- Voluntary unpaid work
- Financial or other counselling
- Education/vocational or life skills course
- Mentoring Program

Terms and Conditions

Once you enter into an agreement for your infringements you are: (please tick each box indicating you have read and understand each point)

- no longer liable to be issued a suspension notice under the *Road Transport (General) Act 1999* section 44 (suspension for non-payment of infringement notice penalties). Any suspension action that may have been taken in relation to infringement notices included in this Infringement Notice Management Plan is lifted, however, any demerit point suspension may still apply;
- not liable to be prosecuted for the infringement notice offences included in this Infringement Notice Management Plan. Your liability to be prosecuted is replaced with a liability to complete the WDP mentioned in this application as agreed with the administering authority;
- responsible for ensuring that the WDP mentioned in this application is completed as expected by the accepting provider;
- responsible for advising the authority if your circumstances change in a way that will enable you cease completing the WDP and take up a payment plan as part of this INMP;
- responsible for contacting the authority to advise if your circumstances change in a way that will result in your inability complete a WDP activity;
- aware that if you fail to meet the requirements as set out by the accepting provider of the WDP, the authority will commence action to impose a suspension on your driving licence, vehicle registration or right to drive;
- aware that the monetary value for the activities you participate in under an this Infringement Notice Management Plan are not applied against any particular penalty or in any special order, the monetary value of the activities you participate in are applied to the total outstanding amount;
- aware that approval will be granted at the discretion of Access Canberra and sufficient supporting documentation must be presented along with this application; and
- aware that until I receive written approval from Access Canberra regarding my WDP, any current infringement sanctions remain in place.

Privacy Statement

The information on this form is being collected for infringement management purposes. The information may be used for the administration of Infringement Notice Management Plans. The information may be disclosed to Commonwealth, Territory or State law enforcement agencies; transport authorities; government agencies authorised by law. Access Canberra is authorised to retain this information as part of the administration of Infringement Notice Management Plans. The *Information Privacy Act 2014* prevents the ACT Government from using your information for any unauthorised purpose and require it to implement safeguards to protect the information from unauthorised access.

Applicant's checklist

Please tick each box to ensure you have all documents required.

- Proof of Identity (i.e. **copy of driver licence** or other identification per the attachment)
- Evidence of concession (if applicable)
- Concession Validation Consent Form (for ACT residents only)
- Supporting Documentation

Declaration

I declare that all of the preceding information is true and correct to the best of my knowledge. I have attached all the required documentation where specified. I am aware that if I knowingly provide false information on this application form I may be prosecuted.

I have read, understood and accept the Terms and Conditions of entering into an agreement for my infringements and acknowledge that failure to meet the Terms and Conditions mentioned above will result in further enforcement action and costs against me.

Signature Date

For more information visit www.accesscanberra.act.gov.au/s/ or phone (02) 6207 6000.

Office Use Only (CSO Application Checklist)

- Proof of Identity
- O/S Infringement Report
- Evidence of special circumstances
- Evidence of concession entitlement

Manager / Assistant Manager Acceptance

- Application Conditionally Approved

/ /

- Application Not Accepted

/ /

Comments

Concession Validation Consent

Personal details

Surname	Given Name	Other Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Business hours Phone Number	Mobile phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address		
<input type="text"/>		
Postal Address		
<input type="text"/>		
E-mail Address		
<input type="text"/>		
Driver licence number	Vehicle registration number	
<input type="text"/>	<input type="text"/>	

Concession details

Centrelink concession type

Pension card
 Health care card
 Health care card for unemployed

Centrelink CRN

Department of Veterans Affairs concession type

Pension card
 Gold card

Department Veterans' Affairs file number

Consent to perform a Centrelink or DVA enquiry

I, authorise:

- Access Canberra to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink or Department of Veterans' Affairs Customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service.
- the Australian Government Department of Human Services (the department) to provide the results of that enquiry to Access Canberra.
- the department will use information I have provided to Access Canberra to confirm my eligibility for the relevant concession, rebate or service and will disclose to Access Canberra personal information including my name, address, payment and concession card type and status.
- this consent, once signed, remains valid while I am a customer of Access Canberra unless I withdraw it by contacting Access Canberra or the department.
- I can obtain proof of my circumstances/details from the department and provide it to Access Canberra so that my eligibility for relevantconcession, rebate or service can be determined.
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the concession, rebate or service provided by Access Canberra.

Singature Date

Privacy Statement: The information on this form is being collected for vehicle registration, driver licensing and infringement management plan purposes. The information may be used for the administration of driver licensing and vehicle registration legislation and enforcement. The information may be disclosed to Commonwealth, Territory or State law enforcement agencies; transport authorities; government agencies authorised by law; Compulsory Third Party Insurers; and individuals, their agents or insurers following a report provided to the police of a motor vehicle accident. Access Canberra is authorised to retain a digital copy of your photograph and signature under Part 4 of the *Road Transport (Driver Licensing) Act 1999*. Retained images may be used to assist in addressing identity fraud and disclosed to law enforcement and court agencies, interstate road authorities, or when authorised by law. The *Information Privacy Act 2014* prevents the ACT Government from using your information and retained images for any unauthorised purpose and require it to implement safeguards to protect the information and retained images from unauthorised access.



Access Canberra
 PO Box 582
 Dickson ACT 2602
 Telephone: (02) 6207 6000
 Email: ACInfringements@act.gov.au

Application for Acceptance into Work or Development Program (WDP)

THE SECTION TO BE COMPLETED BY PROVIDER

Organisation Details

Agency Name Agency Reference Number

Agency Address

Agency Contact Number Agency E-mail Address

Work or Development Activity you are Accepting Client for

Clients total outstanding infringement amount \$

Note: An approved organisation can only support activities for which it has been approved and an enrolled health practitioner can only support medical/mental health treatment.

- Medical/mental health treatment (including disability case management)
- Drug or alcohol treatment
- Financial or other counselling
- Education/vocational or life skills course
- Voluntary unpaid work
- Mentoring Program

If voluntary unpaid work is proposed, does this include working with vulnerable people? Yes No

If Yes, has a working with vulnerable people check been conducted for this client? Yes No

Vulnerable people reference No.

Please provide specific details of the proposed Work or Development to be undertaken (Continue on separate page if necessary)

Note: End date is required

Details of Activity	No. of hours	Frequency W/F/M	Start date	End date
(eg: counselling with Dr Smith)	2	F	16/06/2013	16/06/2013

Agency Declaration

I , as an authorised representative of the above mentioned agency, confirm acceptance of the client who's name appears in 'Client Details', for a work / development program, which will start on and is due to be completed on .

Agency Checklist

I have provided contact details of organisation/health practitioner I have provided activity hours and frequency

Position held within the organisation

email Contact phone number

Signature Date

Privacy Statement: The information on this form is being collected for infringement management purposes. The information may be used for the administration of Infringement Notice Management Plans. The information may be disclosed to Commonwealth, Territory or State law enforcement agencies; transport authorities; government agencies authorised by law. Access Canberra is authorised to retain this information as part of the administration of Infringement Notice Management Plans. The *Privacy Act 1988* prevents the ACT Government from using your information for any unauthorised purpose and require it to implement safeguards to protect the information from unauthorised access.

For more information on Infringement Notice Management Plans go to www.accesscanberra.act.gov.au or phone (02) 6207 6000

Note: As per sections 12 and 13 of the Community Work and Social Development Program Overview 2013, providers are required to report to Access Canberra on completion and non compliance.

Office Use Only

Manager / Assistant Manager Final Approval

Application Approved Application Not Approved

Reason given if not approved

INMP ID number:

Letter sent to client Letter sent to Provider

Offset / Completion

Report received from provider

Client completed requirement Yes No

Reason given if not completed

Offset amount

Infringement debt balance (N/A if zero)

Completion letter sent

Initials

Offset