**Client Reference Number:** WDP- WDP###

Dear NAME/ORGANISATION

Thank you for agreeing to take on CLIENT NAME to complete unpaid work (community service) within your organisation, CLIENT NAME is a current client of ours under our Not-for-Profit Charity Community Justice Program (CJP), which means the client has a either a Victoria or New South Wales Work and Development Permit Order (WDP or WDO), which our Organisation is the accredited body who supervises the client whilst under the program, until all of the infringement debts are paid off.

On DATE, DCSS Australia and the relevant Government Department approved CLIENT NAME WDP under Section 10C of the Fines Reform Act 2014. CLIENT NAME currently has $ $$$.$$ of debt to work off with unpaid work, counselling/therapy or education, the rate is $47.51 per hour that gets reduced off their debt.

WDP activity that the client wishes to conduct with your organisation is: **Unpaid work**

Unpaid work might include, but is not limited to, cooking, property maintenance, park maintenance, sorting or recycling goods, removing weeds or rubbish, building outdoor facilities, removing graffiti, planting trees, painting, paving, building community gardens, cleaning, animal or wildlife shelter activities, retail work, office administration and warehouse duties.

Here is a basic recording table for you to complete when CLIENT NAME has completed a shift with your organisation, this document is required to be completed and returned back to us via email [Justice@dcssaustralia.org](mailto:Justice@dcssaustralia.org) by the 1st of every month, please.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE:** | **TIME**  **START:** | **TIME**  **FINISH:** | **SUPERVISOR SIGNATURE:** | **DUTIES COMPLETED ON SHIFT:** | **COMMENTS:** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

We require the following information about your organisation and certificates of Insurance coverage to be sent to [Justice@dcssaustralia.org](mailto:Justice@dcssaustralia.org)

**Organisation full legal business name and trading name:** Click here to enter response

**Organisation ABN:** Click here to enter response

**Site Manager Name:** Click here to enter response | **Phone Number:** Click here to enter response

**Client Supervisor Name:** Click here to enter response | **Phone Number:** Click here to enter response

**Site Email Address:** Click here to enter response

**Notes/Comments:** Click here to enter response

Thank you for taking on our client to participate in un-paid work with your organisation, if you have any questions or concerns please do not hesitate to contact the team via email at [Justice@dcssaustralia.org](mailto:Justice@dcssaustralia.org)

Yours sincerely,

**Community Justice Program**

DCSS Australia Inc. | [www.dcssaustralia.org](http://www.dcssaustralia.org)