|  |
| --- |
| **Parent/Legal Guardian Details** |
| **Full Name**  | Click or tap here to enter text. |
| **Residential Address** | Click or tap here to enter text. |
| **Date of Birth** | Click or tap to enter a date. | **Phone Number** | Click or tap here to enter text. |
| **I permit the Responsible Adult listed below to accompany my child to an ACT correctional centre for the nominated time period of: .................................... only to visit the detainee below.** |
| **Name of Detainee**  | Click or tap here to enter text. |
| **Relationship to Detainee**  | Click or tap here to enter text. |
| **Child / Young Person Details** |
| **Full Name** | Click or tap here to enter text. | **Date of Birth** | Click or tap here to enter text. |
| **Full Name** | Click or tap here to enter text. | **Date of Birth** | Click or tap here to enter text. |
| **Full Name** | Click or tap here to enter text. | **Date of Birth** | Click or tap here to enter text. |
| **Full Name** | Click or tap here to enter text. | **Date of Birth** | Click or tap here to enter text. |
| **Responsible Adult Details** |
| **Full Name**  | Click or tap here to enter text. |
| **Residential Address** | Click or tap here to enter text. |
| **Date of Birth** | Click or tap to enter a date. | **Phone Number** | Click or tap here to enter text. |
|  |
| **Signature of Visitor** |  |

|  |
| --- |
| **OFFICE USE ONLY** |
| **Responsible adult has permission to visit** | [ ]  Yes [ ]  No |
| [ ]  Parent/Legal Guardian ID photocopied and attached  |
| [ ]  Child/Young Person ID sighted |
| [ ]  Evidence supporting guardianship sighted |
| **Correctional Officer Signature** |  |
| **Date**  |  |

Commonwealth of Australia

STATUTORY DECLARATION

*Statutory Declarations Act 1959*

|  |  |
| --- | --- |
| *1 Insert the name, address and occupation of person making the declaration* | I,1make the following declaration under the *Statutory Declarations Act 1959:* |
| *2 Set out matter declared to in numbered paragraphs* | 21. I confirm that I am the parent and/or legal guardian of the young person/s or child/ren listed in the attached form.
2. I consent to the entry of the young person/s and/or child/ren listed to the Alexander Maconochie Centre subject to the *Corrections Management (Visits) Policy*.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*,and I believe that the statements in this declaration are true in every particular. |
| *3 Signature of person making the declaration* | 3 |
| *4 Place**5 Day**6 Month* *and year* | Declared at 4 on 5 of 6 Before me, |
| *7 Signature of person before whom the declaration is made (see over)* | 7 |
| *8 Full name, qualification and address of person before whom the declaration is made (in printed letters)* | 8Alexander Maconochie Centre, 10400 Monaro Highway, Hume ACT 2620 |

*Note 1*   A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*.

*Note 2*   Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*.