

Request for a Professional Visitor Identification Number (VIN)



A Visitor Identification Number (VIN) is required for individuals who require contact with inmates at NSW Correctional Centres – either in person, by telephone or Audio-Visual Link (if in person contact cannot be facilitated).

To apply for a **Professional VIN**, please complete all fields below and forward this attachment to Statewide Operations via email at ProfessionalVIN@correctiveservices.nsw.gov.au

If you are applying for a 'Family/Friends' VIN, this is a different process and document. You will need to contact the correctional centre where the inmate is accommodated.

NOTE: Please use BLOCK LETTERS when completing this form

In person visit	AVL	Telephone
iii person visit	AVL	reichiigiic
etails of inmate/s you are in	tending to visit	
First Name	Surname	MIN
'		<u> </u>
applicant personal details		
Surname	First Name	Middle Name/s
Date of Birth:	 Gender: □ Male □ Fe	emale □ Other:
Date of Birth:		emale □ Other:
		emale □ Other:
applicant professional details		emale □ Other:
applicant professional details Organisation Name:		emale □ Other:
Applicant professional details Organisation Name:		emale □ Other:
Applicant professional details Organisation Name: Street Address:	5	
Applicant professional details Organisation Name: Street Address: Phone Number:		
Applicant professional details Organisation Name: Street Address: Phone Number: Email address	Mobile Phone No	umber:
Organisation Name: Street Address: Phone Number: Email address	Mobile Phone Noticidual personal number. NOTE: Email a	u mber: address <u>must</u> be an individual email a
Organisation Name: Street Address: Phone Number: Email address OTE: Contact number must be an income.	Mobile Phone No	u mber: address <u>must</u> be an individual email a
Organisation Name: Street Address: Phone Number: Email address OTE: Contact number must be an income.	Mobile Phone Noticidual personal number. NOTE: Email a	umber: address <u>must</u> be an individual email a a clear scanned copy of ID):
Organisation Name: Street Address: Phone Number: Email address OTE: Contact number must be an income.	Mobile Phone Notividual personal number. NOTE: Email at the to be provided (please provide	u mber: address <u>must</u> be an individual email a



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Please detail the reason you are applying for a Professional VIN including the to provide:	servi	се уог	ı prop	ose					
If you are a psychologist seeking to prepare a court ordered report, a copy of the court order is to be provided. Is a copy included with this application?		Yes		No					
If no, please state why.									
Have you previously been approved to facilitate counselling / services or programs within CSNSW		Yes		No					
If yes, please provide the date of approval	Dat	e:							
Please provide details of when you were approved and by who (i.e External Agencies, Chief Psychologist etc).									
If you are a NDIS worker, a copy of a service agreement or NDIS service plan is to be provided. Is a copy included with this application?		Yes		No					
If no, please state why.									

Additional Information

Once your application has been processed and approved you will be provided your Professional VIN

If you are an external psychologist, counsellor or agency requesting to provide services to an inmate, you may be required to apply via the Authorised Visitor process. If this is required, you will be notified and provided with the documents to complete the application process.

Once you have received your Professional VIN, to schedule contact with an inmate please:

- 1. Complete the 'Request for Professional Appointment with Inmate' form
- 2. Forward the completed 'Request for Professional Appointment with Inmate' form to the relevant Correctional Centre.
- 3. Your identification used in this application will be verified by the correctional centre when attending for your first visit. Visitors must have proof of identify each time they attend a correctional centre visit.

Note: All efforts will be made to accommodate the creation of a Professional VIN within 5-10 business days, however, if you are required to apply via the Authorised Visitors process this may take up to six (6) weeks as a Criminal Record Inquiry check will be conducted, and you will be required to complete the Security Awareness online course.



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Internal Use Only

Chief Psychologist or Statewide Operations to complete Point 1 if an automatic professional VIN is to be created or Point 2 if the application is approved to be processed as an Authorised Visitor.

1. Application for a	Professional VIN	Approved / Not Approved		
Application approved for application only to ident	Yes	No		
Application approved fo	1	months		
The period indicated above cal	n be no more than twelve	e (12) months. The applicant is requi	red to reapply every	/ 12 months
Comments				
Approved by:				
Name	Signature	Position	Date	
2. Application to be	e processed as an	Authorised Visitor Approve	d / Not Approv	ed
Application approved inmates.	for applicant to pr	ovide services to CSNSW	Yes	No
Application approved fo	•	e (12) months. The applicant is requi		months / 12 months
Comments				
Approved by:				
Name	Signature	Position	Date	
Once completed, this professionalvin@correcti		be forwarded to SWO Ad .au	lmin for proce	essing at
• •	-	the applicant with the application (ACV).	tion forms for A	uthority to
If not approved, the appli	cant is to be notified	I via email by the decision ma	ker.	
A copy of this application	only is to be placed	I in EDRMS		