



Work and Development Permit (WDP) Application Pre-agreement

I, _____, date of birth _____, authorise _____ (**sponsor**) to access information about my outstanding fines and sharing of my details with other case workers and professionals involved in my application including Fines Enforcement Registry (FER), Aboriginal Legal Service WA (ALSWA) and Legal Aid WA as appropriate.

Please fill in details of the proposed Work Development Permit (WDP) activities if known:

The proposed activity/ies	
The expected start date	
Estimated number of hours	
The expected end date	

I understand that:

<input type="checkbox"/> This is an application only, and the proposed WDP may not be approved.	<input type="checkbox"/> Any changes to a WDP will need the approval of the Fines Enforcement Registrar before they take effect.
<input type="checkbox"/> Any hours of activity undertaken before a WDP is approved will not count towards a reduction in debt.	<input type="checkbox"/> My failure to participate in approved activities as agreed may need to be disclosed to the Fines Enforcement Registry and may result in the cancellation of the permit.
<input type="checkbox"/> The hours I complete with sponsor under a WDP may not extinguish all my outstanding fines debt, and that I may need to make alternative arrangements for any remaining debt	<input type="checkbox"/> I am making a commitment to attend activities and/or meetings as agreed under the WDP and will advise sponsor if/when I am unable to attend these activities.
<input type="checkbox"/> If sponsor needs to amend the hours, conditions and activities under an approved WDP, they will discuss these changes with me.	<input type="checkbox"/> sponsor and I both have the right to cancel the WDP at any time should the above arrangements no longer suit either party.

I acknowledge that I have read and understood the above, or that it has been explained to me

Client name: _____

Signature: _____ Date: _____

Or Client has provided Verbal consent in place of signature.

Sponsor use only:			
I confirm that I have assessed the client's eligibility for WDP and they are experiencing:			
<input type="checkbox"/> Financial Hardship	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Alcohol and Other Drug Use
<input type="checkbox"/> Disability	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Other	
Organisation name:			
Employee name:			
Signature:		Date:	/ /