

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.



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.



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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

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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:

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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