



**COMMUNITY WORK ORDER PROJECT APPLICATION  
NT COMMUNITY CORRECTIONS**

NTCS Office:	
ORGANISATION Name	
Classification:	
Contact Person:	Position:
Address:	
Phone / Fax / Email:	
PROJECT description:	
Location:	
Supervisor:	Position:
Contact details:	
Work Days / Hours:	
Availability of materials, equipment, tools etc:	
Project restrictions:	
Type of workers:	Male <input type="checkbox"/> Female <input type="checkbox"/> Either <input type="checkbox"/> and Adult <input type="checkbox"/> Youth* <input type="checkbox"/> Either <input type="checkbox"/>
Workplace capabilities:	First Aid Officer on site Yes <input type="checkbox"/> No <input type="checkbox"/> Other
Maximum number of workers allocated:	Male                      Female                      Either
Workers are covered whilst engaged in project under <i>Workplace Health &amp; Safety Act - Part 5 'Statutory Duties of Care'</i> noted (attached).	Yes <input type="checkbox"/> No <input type="checkbox"/>
* If Project is to engage youths, a criminal history spent conviction check will be conducted for Project Supervisor.	
Endorsement of Project: Authorised Officer	Date:
<b>Standards Suitability</b>	<b>Criteria Met</b>
1. Non-profit or charitable organisation / individuals	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. The work does not appear to detract from paid employment opportunities	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. The work is not of a demeaning or degrading nature	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. The work benefits the community, the project, and the offender	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Able to provide a project supervisor	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Supervisors will effectively monitor performance of community work and agree to undertake the required paperwork	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. The project supervisor provides all necessary equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. The project supervisor will maintain a safe working environment: Part 5 'Statutory Duties of Care'- <i>Workplace Health &amp; Safety Act</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. No perceived or real conflict of interest	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Public liability document sighted Insurance Company Policy #	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Expiry Date
Comment:	
Recommended / Not recommended Regional Manager:	Date:
Approved / Not Approved                      Advisory Committee:	Date: