

## NORTHERN TERRITORY CORRECTIONAL SERVICES ALICE SPRINGS CORRECTIONAL CENTRE

**TO:** Chief Prison Officer Community Support Program  
Alice Springs Correctional Centre

**FAX:** 8951 1061

**FROM:**

**DATE:**

**RE: COMMUNITY SUPPORT PROGRAM REQUEST**

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Resident's Name: .....Date: .....

Address: .....

.....

Telephone No: .....

Description of Job: .....

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Indicate whether Invalid Pensioner / Aged Pensioner / Non-Profit Organisation etc

Submitted by: .....

Telephone: .....

Within Electorate of: .....