



Work and Development Permit (WDP) Pre-agreement Form

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.

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 FER 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 FER and may result in the cancellation of the permit.
<input type="checkbox"/> The hours I complete with the 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 the sponsor if/when I am unable to attend these activities.
<input type="checkbox"/> If the sponsor needs to amend the hours, conditions and activities under an approved WDP, they will discuss these changes with me.	<input type="checkbox"/> The 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 a WDP.

Proposed activities									
Type of Hardship	<table><tr><td><input type="checkbox"/> Financial Hardship</td><td><input type="checkbox"/> Disability</td></tr><tr><td><input type="checkbox"/> Domestic Violence</td><td><input type="checkbox"/> Homelessness</td></tr><tr><td><input type="checkbox"/> Mental Illness</td><td><input type="checkbox"/> Other</td></tr><tr><td><input type="checkbox"/> Alcohol and Other Drug Use</td><td></td></tr></table>	<input type="checkbox"/> Financial Hardship	<input type="checkbox"/> Disability	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Other	<input type="checkbox"/> Alcohol and Other Drug Use	
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A client is taken to be in financial hardship only to the extent that it affects the capacity to pay their fines.

Is the client receiving a Commonwealth Benefit? ☐ Yes ☐ No

Please state how you assessed the client's eligibility below:

The approved sponsor must detail, collect and retain evidence of hardship in support of the application and provide it to the FER Registrar upon request.

Organisation name:			
Employee name:			
Signature:		Date:	