



Photo

Correctional Services Department
Prison Visitor
Application Form

Personal Data of Applicant

Name (Eng): _____ (Chi) _____
Sex: _____ Date of Birth: _____ Age: _____
Education Background: _____
Current Occupation: _____
Contact No.: _____ E-mail: _____
Contact Address: _____

Personal Background/ Past Experience

(Please attach supplementary sheet if not enough space)

1. Past working experience

Organization : _____
Type of service : _____
Duration : _____
Post / Duty : _____

2. Counseling/ Volunteer Experience

Organization : _____
Type of service : _____
Duration : _____
Post / Duty : _____

3. Experience of service provided to PICs/ rehabilitated offenders

Yes ☐ No ☐

Year of experience : _____
Type (PICs/ rehabilitated offenders) : _____
Type of service : _____
Institutions/ Locations : _____

4. Reason and expectation of becoming a Prison Visitor

5. Language

Cantonese ☐ English ☐ Putonghua ☐ Others : _____

6. Special skills

Please specify: _____

Preferred Institutions (Applicants MUST choose institutions of their same sex)

Regions

Hong Kong Island / New Territories (Please tick ONE (1) only)

- Female: ☐ Lo Wu Correctional Institution
- Male: ☐ Pak Sha Wan Correctional Institution
- ☐ Tung Tau Correctional Institution
- ☐ Stanley Prison

Kowloon (Please tick ONE (1) only)

- Female: ☐ Lai King Correctional Institution & Chi Lan Rehabilitation Centre
- ☐ Bauhinia House & Wai Lan Rehabilitation Centre
- ☐ Tai Lam Centre for Women
- Male: ☐ Pik Uk Correctional Institution
- ☐ Pik Uk Prison
- ☐ Lai Chi Kok Reception Centre
- ☐ Lai Hang Rehabilitation Centre, Pelican House & Phoenix House
- ☐ Tai Lam Correctional Institution

Lantau Island / Hei Ling Chau (Please tick ONE (1) only)

- Female: ☐ Nei Kwu Correctional Institution
- Male: ☐ Shek Pik Prison
- ☐ Tong Fuk Correctional Institution
- ☐ Sha Tsui Correctional Institution & Lai Chi Rehabilitation Centre
- ☐ Hei Ling Chau Correctional Institution
- ☐ Hei Ling Chau Addiction Treatment Centre & Lai Sun Correctional Institution

Family Members/ Friends under CSD Custody

Yes ☐ No ☐

If "Yes", please specify the relationship and names: _____

Remarks (if any)

Declaration by the Applicant

I declare that all information given in this application form is correct, complete and true to the best of my knowledge and belief.

I understand the purpose of personal data provided will be used by the Correctional Services Department to process of my application of the Prison Visitor Pass.

Date: _____

Signature: _____