

Correctional Services Bureau
Youth Correctional Institution

Application for Video Visit**Application No. :**

Opinion of GSSAP team leader	Dispatch of Director of IM
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To be completed by the video visit applicant					
Name of applicant: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.					
Type of ID:			ID no.:		
Name of juvenile residing in the Institution:			Relationship with the juvenile:		
Visiting permit no.: (if holding one):					
Type of applicant: <input type="checkbox"/> A Aged 60 or above <input type="checkbox"/> B Person with limited mobility <input type="checkbox"/> C Person with disability <input type="checkbox"/> D Expectant mother <input type="checkbox"/> E Other (reason for applying): <hr style="width: 80%; margin-left: 0;"/>					
	Name of visitor	Type of ID and no.	Relationship with juvenile	Visiting permit no. (if holding it)	*Type
1.					
2.					
3.					
* Please write the code (A, B, C, D or E) in the "Type" blank. If you have written "E", please specify the reason					

Intended date and time of visit:	
Date: Only on Monday to Friday (working day)	Time : <input type="checkbox"/> 10:30-11:30 ; <input type="checkbox"/> 12:15-13:15 ; <input type="checkbox"/> 15:30-16:30
Contact address:	Contact no.:

If you have provided your mobile phone number, are you willing to receive notification concerning the visit by SMS?
 Yes No

Important notes for application:

1. The application for video visit must be lodged at least 8 working days prior to the intended date of video visit.
2. Each juvenile delinquent is entitled to only one video visit per week. After the video visit is completed, the juvenile delinquent concerned will not be permitted to receive the regular visit within the same week.
3. No more than 3 visitors are allowed to participate in the same video visit.
4. Video visitors must arrive at the Correctional Services Bureau Service and Information Centre 15 minutes in advance of the scheduled video visit.
5. The video visit must end at the time specified on the application. No extra time will be given for late arrival of the visitor.
6. On arrival at the Correctional Services Bureau Service and Information Centre, video visitors must present the original of their valid identification document for verification. Those who are unable to present a valid identification document or whose personal information is not consistent with that on the application will not be arranged to pay the video visit.
7. No delivery of articles will be accepted during the video visit.
8. Prior to the commencement of the video visit, visitors must store all personal belongings (including mobile phones, keys and wallets) at the locker at the Correctional Services Bureau Service and Information Centre.
9. A staff member of the Youth Correctional Institution will keep the juvenile delinquent company during the entire video visit. Any situation endangering the safety and order of or posing negative impact on the Youth Correctional Institution will result in the immediate suspension of the visit.

*Your failure to comply with the abovementioned important notes may affect the video visit concerned.
 ** The information you submit will be used by the Youth Correctional Institution on the approval for visits and the management of supervision, order and safety, and treated in accordance with Law No. 8/2005, *Personal Data Protection Act*, and other relevant legislation. The data subject shall have the law-stipulated right to access and rectify the relevant data, as well as the conditions to exercise such rights.

I have read and understand the above

Signature of applicant:	Date:
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To be completed by the Youth Correctional Institution	
Staff member (subunit and name): <input type="checkbox"/> GSSAP <input type="checkbox"/> CAIDSC	
Signature :	Date :

To be completed by a specialist of GSSAP	
Name of juvenile :	Juvenile no. :
Centre where the juvenile belongs: <input type="checkbox"/> Observation Centre <input type="checkbox"/> Educational Centre <input type="checkbox"/> Education and Training Centre	Schedule of visit within IM (if existent):
Opinion:	
Name of specialist:	
Signature :	Date :