

## Application for Certificate of Residence at Youth Correctional Institution

Application No.

Opinion of GSSAP team leader	Dispatch of Director of IM
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## To be completed by the applicant

Name of applicant : _____ Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female Relationship with inmate : _____ Contact number : _____ ID type and number : _____ _____	Name of juvenile : _____ Entry no. : _____ Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female Centre where the juvenile belongs : <input type="checkbox"/> Observation Centre <input type="checkbox"/> Educational Centre <input type="checkbox"/> Education and Training Centre <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years
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## Important notes:

1. The Certificate of Residence at Youth Correctional Institution is only issued for juveniles currently residing in the Institution.
2. The applicant must be a juvenile delinquent, one of his/her parents or guardians, or the entity actually taking care of the juvenile delinquent.
3. If the juvenile concerned is 18 years old or above, the applicant must obtain the juvenile's written consent in order to apply for the certificate.
4. Once informed that the certificate is available for collection, the applicant must collect the certificate at his/her earliest convenience as the certificate will be invalidated when expired.

\* The information you submit will be used by the Youth Correctional Institution on the approval for visits and the management of revision, 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

Reason for applying : .....
Signature of applicant : ..... Date : .....
Location of collection of certificate: <input type="checkbox"/> IM <input type="checkbox"/> CAIDSC

## To be completed by the subunit receiving the application form

<input type="checkbox"/> GSSAP	<input type="checkbox"/> CAIDSC
Name (staffer) : ..... Signature : ..... Date : .....	

## To completed by a specialist of GSSAP

<input type="checkbox"/> Issuance of certificate agreed	<input type="checkbox"/> Issuance of certificate disagreed	<input type="checkbox"/> Other suggestion
Opinion / suggestion : .....		
Name : ..... Signature : ..... Date : .....		