

Notice of the Proposed Movement of a Person in Custody

Part A To be completed for all movements

| | |
|--|---|
| To: Network Operations Airline: Regional Express Phone: Fax: 02 9023 3556 Date: | Requesting Officer: Office/Section: Phone: Fax: Agency Name: |
|--|---|

Requested form of travel *(tick as appropriate)*

- | | |
|--|--|
| <input type="checkbox"/> Supervised departure For a supervised departure complete page 1 only – 6 hours notice to airline. | <input type="checkbox"/> Escorted Travel Complete both pages - 48 hours notice to airline. |
| <input type="checkbox"/> Domestic travel in immigration detention For domestic travel in immigration detention complete both pages – 24 hours notice to airline. | |

| | |
|--|---|
| <u>Passenger Details</u> Name: Sex: Date of Birth: Place of Birth: <i>For international travel:</i> Nationality: Passport No: Passport Expiry: Country of Issue: | <u>Flight Details</u> Flight Number/s: Date of departure: Departing from: Destination: |
|--|---|

To be completed for supervised departures only *(for escorted travel, see page 2)*

| | | | |
|---|-----|----|---------|
| Is the person cooperative and likely to comply with transit arrangements | Yes | No | Unknown |
| Does the person have any medical conditions which may affect travel; | Yes | No | Unknown |
| Does the person have any known history of violence or aggression; | Yes | No | Unknown |
| Does the person have any known family members/associates who may attempt intervention in the departure. | Yes | No | Unknown |

(Responses are to the best of the department's knowledge.)

Additional information on affirmative answers is attached.

To approve the travel outlined please sign this page and return by fax. If any clarification is required, please contact the requesting officer as soon as possible. If the person is undertaking escorted travel, further information is on page 2.

Signature of Requesting Officer

To be completed and returned by airline

APPROVED

Signature: _____
 Name: _____
 Position: _____

Part B To be completed only for movements requiring escort

Escorted travel

- ❖ **A dangerous person in custody must have a minimum of two escorts one of whom must be of the same sex as the person in custody. A copy of this risk assessment, endorsed by the airline to confirm its approval, must be faxed to the airport operator no less than 12 hours before the intended start of the relevant flight.**
- ❖ **The *Aviation Transport Security Regulations 2005* limit the number of escorted persons in custody on a flight. No more than 2 escorted persons in custody (of which only 1 can be 'dangerous') can be carried on a flight unless approved in writing by the Secretary of the Department of Transport and Regional Services (*). There are exemptions for "family units" as determined by the enforcement agency.**
- ❖ **The Secretary's approval is also required for unescorted travel under Division 4.5.3 of the *Aviation Transport Security Regulations 2005* ("Otherwise than under Migration Act"). ***

Proposed Escorts

| | |
|------------------|------------------|
| Name: | Name: |
| Sex: | Sex: |
| Type/Employed by | Type/Employed by |
| Name: | Name: |
| Sex: | Sex: |
| Type/Employed by | Type/Employed by |

Information for escorted travel

| | | | |
|--|----------------------|--|----------------------|
| Reason for travel: | | | |
| Reason he or she is in custody | | | |
| | <i>Please circle</i> | | <i>Please circle</i> |
| Has he or she been involved in an attempt to escape from custody? | YES / NO | Is he or she likely to attempt to escape from custody during transportation? | YES / NO |
| Has he or she a history of physical abuse or ever been charged with, or convicted of, a crime involving violence? | YES / NO | Has he or she been involved in any violence or rioting while in detention? | YES / NO |
| Is he or she likely to be offensive or disruptive towards crew, passengers or escorts? | YES / NO | Has he or she ever engaged in sexually-related criminal activity? | YES / NO |
| Is an attempt by a third party to release him or her likely? | YES / NO | Is an attempt by a third party to harm him or her likely? | YES / NO |
| Has the person previously required restraint while being transported? | YES / NO | May it be necessary to handcuff the person at any stage during the flight? | YES / NO |
| Is the person currently addicted to an illegal substance, or had a history of substance abuse? | YES / NO | Is the person required to take prescribed medication before or during the flight? | YES / NO |
| Is the person in a mental state requiring special attention? | YES / NO | Has the person a history of self harm? | YES / NO |
| Are additional security measures necessary for embarkation and disembarkation? | YES / NO | Do law enforcement authorities (other than an authority represented by the escort) intend to apprehend the person at the destination port? | YES/NO |
| Is the person likely to attempt to commit an unlawful interference with aviation? | YES/NO | | |
| Is he or she considered to be 'dangerous' within the definition in the <i>Aviation Transport Security Regulations 2005</i>? | | | YES/NO |

(Responses are to the best of the requesting agency's knowledge.)

Additional information on affirmative answers is attached.

*** If approval by the Secretary of the Department of Infrastructure and Transport is required**

*** APPROVED**

Signature: _____
 Name: _____
 Position: _____