

Traffic Offenders Rehabilitation Program (TORP)

PROGRAM PARTICIPATION ORDER

NOTE: This document is only valid if accompanied by Official Receipt of Payment for Traffic Offenders Rehabilitation Program (TORP).

Attending Courthouse:
Date of court appearance:
Participant's Name:
Date of birth:
Address:
Telephone number:
Offence(s):
Course provider: Traffic Offenders Rehabilitation Program (TORP)
APPROVED PROVIDER TORP is an approved provider of Traffic Offender Intervention Programs under Part 8 of the Criminal Procedure Regulation.
Course address: GoodLife Church, 18 Albert Street Wickham NSW 2300
Scheduled program start date



Condit	ions:
_	I agree to attend the above-mentioned course at the above address on the scheduled start date.
	I have made full payment of course fee of \$160 and have supplied copy of receipt to nominated Court House.
	I agree to take with me to each course session the following: a. Photo identification b. Pen and workbook
	I agree to attend punctually for each session and in accordance with the requirements of the course provider.
	I agree to complete any assessment tasks set by the course provider.
_	I understand that if I fail to attend, the court will be informed and I may be returned to court for sentence determination.
	I understand that if I attend the course under the influence of alcohol or drugs I may be expelled from the course and returned to court for sentence determination without refund.
	I agree to abide by the standards of behaviour that the course provider requires and understand that if I don't I may be expelled from the course and returned to court for sentence determination.
	Participant Signature Date