

## **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: Parramatta RSL club, Corner O'Connell street &		
Macquarie street, Parramatta NSW 2150		
Scheduled program start date		



Condit	ions:
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	I agree to attend the above-mentioned course at the above address on the scheduled star 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.
٥	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