

# Notice of Proposed Movement of Persons in Custody (PIC)

## When to Use This Form

Division 4.5 of the *Aviation Transport Security Regulations 2005* (ATSR) sets out the methods and procedures by which the movement of persons in custody can occur. This includes a requirement for a custodial agency (meaning the Immigration Department or the relevant enforcement agency) to provide a written notice in the approved form to the operator of a prescribed air service. This Notice serves as the 'approved form' and must include all information as required.

This form must be completed by the custodial agency and signed by the operator of a prescribed air service whenever the following regulations under the ATSR are applicable to the movement of the person in custody:

- (a) Regulation 4.76 (supervised departures under the Migration Act);
- (b) regulation 4.77 (escorted domestic travel under the Migration Act);
- (c) Regulation 4.78 (escorted international travel under the Migration Act);
- (d) Regulation 4.79 (escorted travel of dangerous persons under the Migration Act); or
- (e) Regulation 4.84 (escorted travel other than under the Migration Act)

**Note:** Part F of this form is only required for movements of persons in custody that are under escort.

## Dangerous Persons in Custody

In accordance with regulations 4.75 and 4.83(2) of the ATSR, persons in custody are considered 'dangerous' if:

- (a) for each custodial agency an assessment of the person(s) has been made and deemed as:
  - (i) likely to commit an unlawful interference with aviation; or
  - (ii) likely to attempt to escape; or

For the Immigration Department

- (b) the Immigration Department is aware that:
  - (i) the person has been charged with an offence involving violence against a person or serious damage to property; and
  - (ii) the charge is still to be resolved; or
- (c) the Immigration Department is aware that the person has been convicted of an offence involving violence against a person or serious damage to property; or

For the enforcement agency that has the person in custody (the **relevant enforcement agency**)

- (d) the person has been charged with an offence that:
  - (i) is an offence against a person or involving actual or threatened damage to property; and
  - (ii) is punishable by imprisonment for 5 years or more; and
  - (iii) the charge is still to be resolved; or
- (e) the person has been convicted of an offence that
  - (i) is an offence against a person or involving actual or threatened damage to property; and
  - (ii) the offence is punishable by imprisonment for 5 years or more.

## Escort Arrangements for flights involving movements of dangerous persons

A dangerous person in custody travelling on board a prescribed air service must have:

- (a) a minimum of two escorts; and
- (b) one of the escorts must be of the same sex as the person in custody; and
- (c) the escorts must be law enforcement officers or persons of a kind as agreed between the operator of a prescribed air service and the custodial agency, but cannot be crew members of the aircraft on which the person is travelling; and
- (d) the custodial agency must provide the escorts, unless the custodial agency and the operator of a prescribed air service have agreed that the operator will provide the escorts.

### Details of Travellers Covered by this Arrangement

The details of persons in custody and escorts that will be travelling under this arrangement must be included as Annex A to this form. Custodial agencies and/or the operator of a prescribed air service may determine the format of Annex A as long as it includes the following information for each traveller:

1. First Name
2. Surname
3. Date of Birth
4. Place of Birth
5. Sex
6. Passport Number (if applicable)
7. Is this a 'dangerous' person?
8. Will this person be restrained?
9. Will this person be medicated?
10. Does this person have a medical condition that may impact on the travel arrangements?

### Part A – Proposed Parties Responsible for Movement of Persons in Custody

Custodial Agency Details			
Agency Name			
Requesting Officer		Office/Section	
Phone		Email	
Proposed Operator of a prescribed air service Details			
Business Name	Regional Express		
Contact Person		Office/Section	Network Operations
Fax	02 9023 3556	Email	

### Part B – Details of Proposed Travel

Proposed Dates of Movement			
Start Date (AEST)		End Date (AEST)	
Type of Persons in Custody Movement			
<input type="checkbox"/>	Supervised Departure Under the <i>Migration Act 1958</i>	OR	<input type="checkbox"/> Other Travel for Persons in Custody
Total Number of Persons in Custody Covered by Annex A			
Total Number of Dangerous Persons in Custody Covered by Annex A			
Total Number of Escorts Covered by Annex A			
State the Reason(s) for the Movement of Persons in Custody			

**Part C – Authorisation of Proposed Movement of Persons in Custody**

As an authorised officer of the custodial agency, I confirm the information provided through both this form and Annex A is complete and accurate, and that a risk assessment has been conducted for the transport of the identified persons in custody.

Authorised Officer on Behalf of the Custodial Agency			
Name		Signature	
Position		Date	

**Part D – Acceptance of Proposed Movement of Persons in Custody**

As an authorised officer of a prescribed air service, I confirm receipt of the complete information provided through both this form and Annex A, and that I have agreed with the risk assessment, risk mitigations, and the proposed travel arrangements contained within this form.

Authorised Officer on Behalf of the operator of a prescribed air service			
Name		Signature	
Position		Date	

### Part E – Risk Questions for All Movement of Persons in Custody

E1	Are any of the persons covered by this form considered to be 'dangerous'?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
E2	Does the proposed travel involve involuntary travel by a non-dangerous person in custody without an escort?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
E3	Will an escort be responsible for more than one person, and is one of the persons considered 'dangerous'?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
E4	Will there be more than two escorted persons on the same flight and more than one of the escorted persons is considered 'dangerous'?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
E5	Are any of the persons covered by this form uncooperative and unlikely to comply with transport arrangements?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
E6	Do any of the persons covered by this form have any medical ( <i>including psychiatric/psychological</i> ) conditions that may affect travel?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
E7	Do any of the persons covered by this form have a history of violence or aggression within the previous two years?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
E8	Do any of the persons covered by this form have any known family members or associates who may attempt to intervene in the transport arrangements?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
E9	Without additional precautions, might any of the persons covered by this form be a risk to the safety or security of the aircraft or any persons on board?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

If any of the above questions were answered with 'Yes', then this must be included as a risk in Part G, and the appropriate steps taken to manage the risk must be identified.

### Part F – Additional Risk Questions for Escorted Movement of Persons in Custody

F1	Are any of the persons covered by this form likely to attempt to escape from custody during transport?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
F2	Are any additional security measures necessary for embarkation and disembarkation during the transport arrangements?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
F3	Do any of the persons covered by this form have a history of self-harm within the previous two years?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
F4	Will any of the persons covered by this form be restrained during the flight?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
F5	Are there any special seating arrangements required ( <i>e.g. to separate particular individuals or manage escort arrangements</i> )?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
F6	Will escorts need to be changed over or rotated through escort duties throughout the transport arrangements?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
F7	Are there any additional risk factors or security concerns identified by the custodial agency relating to any of the persons covered by this form?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

If any of the above questions were answered with 'Yes', then this must be included as a risk in Part G, and the appropriate steps taken to manage the risk must be identified.

**Part G – Risk Management Arrangements** (if additional space is required, attach additional page)

**How will the identified risks be managed, and who will be responsible for these?**

**Part H – Medical Questions for All Movement of Persons in Custody**

H1	Do any of the persons covered by this form have any medical (including psychiatric/psychological) condition which may affect travel?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
H2	Will any person covered by this form need to be sedated for security reasons?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
H8	Are there any additional medical factors or concerns identified by the custodial agency relating to any of the persons covered by this form?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

If any of the above questions were answered with 'Yes', then details of the individual, their condition, and arrangements for medical safety, must be included in Part I.

**Part I – Medical Arrangements** (if additional space is required, attach additional page)

**Provide relevant details of any medical conditions and arrangements for each individual, including the following information as a minimum:**

- If any medication is to be administered;
- Who will be responsible for managing medications or medical equipment during the flight;
- Who will be responsible for administering any medication during the flight; and
- Any risks if the medication is not administered as required.

**Part J – Flight Details** (if additional space is required, attach additional page)

<b>Flight Details</b>										
Flight Number				Aircraft Type				Start Date (AEST)		
Leg	Departing		Arriving		Total Persons in Custody		Dangerous Persons in Custody		Escorts	
1	From		To		Male		Male		Male	
	Time		Time		Female		Female		Female	
	From		To		Male		Male		Male	
	Time		Time		Female		Female		Female	
	From		To		Male		Male		Male	
	Time		Time		Female		Female		Female	
	From		To		Male		Male		Male	
	Time		Time		Female		Female		Female	
	From		To		Male		Male		Male	
	Time		Time		Female		Female		Female	
	From		To		Male		Male		Male	
	Time		Time		Female		Female		Female	

