



## Form HL-B – Application to become an accredited Hunter LEAP Trainer

Use this form to apply to become an accredited Hunter LEAP Trainer  
associated with an accredited Hunter LEAP Provider.

### Section 1: Applicant Personal Details

Title	Mr	Mrs	Miss	Ms	Dr
Surname					
Given Names					
Preferred Name					
Have you been known by any other names?	<b>Yes / No</b>		If yes please provide details		
Residential Address					
Suburb				State	Postcode
Postal Address					
Suburb				State	Postcode
Home Phone			Mobile Phone		
Email					
Sex	M / F		Date of Birth	/	/

### Section 2: Citizenship/Residency

Are you an Australian Citizen or a permanent resident of Australia?	<b>Yes / No</b>
If no, please attach a statement detailing your residency:	

### Section 3: Licences and Membership

Your Approved Hunting Organisation (AHO) Membership Number AHO Hunter LEAP Providers only, not hunting businesses. Please provide a copy of your current membership card	
Membership Expiry	
Or, I have attached certification of my employment with a Hunter LEAP Provider.	

NSW Restricted Game Hunting Licence (R-Licence) Number		Expiry	/	/
Or, I have attached a copy of my certification of completing the mandatory component of the R-Licence Assessment				

### Section 4: Hunter LEAP Provider Nomination

Hunter LEAP Provider accreditation number:				
Name of accredited Hunter LEAP Provider (AHO or hunting business) you will be associated with				
Contact Person				Title
Contact Phone			Mobile	
Email				

**Section 4 (a): Nomination of Hunter LEAP Provider**

I, \_\_\_\_\_, as contact person for the accredited Hunter LEAP Provider listed in Section 4, nominate the applicant to become an accredited Hunter LEAP Trainer on behalf of the Hunter LEAP Provider that I represent.

Signed

Date

**Section 5: Working with Children Check**

To be eligible for accreditation as a Hunter LEAP Trainer you must provide a current Working with Children Check with this application.

Please visit <https://www.ccheck.ccyp.nsw.gov.au/Applicants/Application> Select **Volunteer** in the section 'Purpose of Check' and then **Education** from the drop down menu as the 'Child Related Sector'. Once you have received your check, please attach a copy to this application. You should obtain your Working with Children Check prior to submitting this application.

**Section 6: Privacy**

The information collected on this form will be used by the Department of Primary Industries (DPI) to assess your suitability for accreditation as a Hunter LEAP Trainer and for the ongoing management of your accreditation if your application is successful.

Personal information collected by the department is handled in accordance with the *Privacy and Personal Information Protection Act 1998*. The information provided by you will be securely stored and will be made available to appropriate authorised officers of the NSW DPI. The information will be disclosed to other parties without your consent where the disclosure is in accordance with legislative requirements. While completion of this form is voluntary, if you do not answer all relevant questions it may result in your application not being considered.

Applicants should note that as part of the selection process the information provided on this form may be checked and or verified. If you provide misleading information on this application it may result in your application not being considered.

**Section 7: Declaration**

You must read and acknowledge the following statements. Please circle **Yes** or **No**

I declare that the information provided in this application is true and correct. I understand that it is an offence to provide information or a document that is false or misleading. Section 27 (2) <i>Game and Feral Animal Control Act 2002</i>	<b>Yes / No</b>
Have you ever been subject to any disciplinary action by any AHO in relation to any hunting activities, behaviour or conduct?	<b>Yes / No</b>
I declare that I will abide by the requirements set out in the Hunter LEAP policy (GLUHL0215)	<b>Yes / No</b>
I declare that I will abide by all the rules and regulations set out in the Hunter LEAP Trainer's Guide: Training Standards and Techniques and all relevant Hunter LEAP Training Package guidelines, standards and procedures.	<b>Yes / No</b>
I consent to the Department of Primary Industries requesting relevant background checks which may include but are not limited to the following: <ul style="list-style-type: none"> <li>Criminal history checks</li> <li>Working with children checks</li> </ul>	<b>Yes / No</b>

**Section 8: Signature of applicant and witness**

Name			
Signature		Date	

**Witness**

Name			
Signature		Date	

**Submitting this form**

➔ **Email (Preferred)** [hunter.leap@dpi.nsw.gov.au](mailto:hunter.leap@dpi.nsw.gov.au)

➔ **Mail** the form to NSW Department of Primary Industries Game Licensing Unit, Education and Training Team, Level 12, 10 Valentine Ave, Parramatta NSW 2150.