

APPLICATION FOR A WILDLIFE CARER'S PERMIT

Territory Parks and Wildlife Conservation Act 2013

This form is to be used to apply for a Wildlife Carers Permit. Information requested will enable your application to be processed as prescribed by the *Territory Parks and Wildlife Conservation Act 2013*. Please note the following:

- Proof of identification may be required when applying for a permit.
- Any intentionally misleading or false statements made on this application may result in legal action.
- Your application must be assessed and a permit granted prior to caring for Protected Wildlife.
- Applicants will be assessed on previous experience, qualifications, provision of a mentor, facilities and resources.
- A permit application may be refused if the applicant does not satisfy the requirements.
- The permit holder may care and rehabilitate sick, injured and orphaned wildlife only. Once approved this permit does not give permission for the applicant to keep wildlife on a permanent basis.
- The permit holder is subject to the Northern Territory's *Animal Welfare Act 2014*. Failure to comply may result in prosecution under this law – for further details please go to www.animalwelfare.nt.gov.au.
- All permit holders are required to keep reports for each animal under their care. Prior to release, permit holders must submit and have approved a Release Protected Wildlife Form (Carer).
- Please refer to the available resources for Wildlife care, including the Wildlife Care Guidelines available at www.parksandwildlife.nt.gov.au or contact Wildlife Operations:
 - Darwin region: 08 8995 5037
 - Katherine region: 08 8973 8888
 - Alice Springs region: 08 8951 8283
 - Or wildlife.management@nt.gov.au

APPLICANT DETAILS

APPLICANTS FAMILY NAME:	TITLE:	
APPLICANTS GIVEN NAMES:	DATE OF BIRTH:	
RESIDENTIAL ADDRESS (NOT A POST OFFICE BOX):	POSTCODE:	
TELEPHONE (BUSINESS HOURS):	MOBILE:	FACSIMILE:
TELEPHONE (AFTER HOURS):	EMAIL:	
POSTAL ADDRESS (WRITE 'AS ABOVE' IF SAME AS RESIDENTIAL):		

PREVIOUS EXPERIENCE AND QUALIFICATIONS

HAVE YOU PREVIOUSLY HELD THIS TYPE OF PERMIT? (Please Circle) Yes / No	IF YES, PLEASE PROVIDE PERMIT NUMBER:	
HAVE YOU PREVIOUSLY HELD THIS TYPE OF PERMIT IN ANOTHER STATE? (Please Circle) Yes / No	IF YES, PLEASE PROVIDE PERMIT NUMBER:	IF YES, WHICH STATE WAS IT HELD IN?
PLEASE DETAIL PRIOR EXPERIENCE INCLUDING: <ul style="list-style-type: none"> • LENGTH OF EXPERIENCE • SPECIES CARED FOR • REHABILITATION STAGE OF SPECIES • ABILITY TO HANDLE WILDLIFE • WILDLIFE IDENTIFICATION SKILLS • KNOWLEDGE OF WILDLIFE BIOLOGY AND ECOLOGY 		
PLEASE DETAIL ANY RELEVANT QUALIFICATIONS OR TRAINING COURSES YOU HAVE ATTENDED AND WHEN (PROVIDE COPIES OF CERTIFICATES) :		

SUPPORT

ARE YOU A MEMBER OF ANY RELATED ORGANISATIONS?		
DO YOU HAVE A MENTOR? IF YES, MENTOR TO COMPLETE BELOW:		
MENTOR FAMILY NAME:	MENTOR GIVEN NAMES:	MENTOR PERMIT NUMBER:
MENTOR TELEPHONE (BUSINESS HOURS):	MENTOR TELEPHONE (AFTER HOURS):	
PLEASE DETAIL PRIOR EXPERIENCE INCLUDING: <ul style="list-style-type: none"> • LENGTH OF EXPERIENCE • SPECIES CARED FOR • REHABILITATION STAGE OF SPECIES • ABILITY TO HANDLE WILDLIFE • WILDLIFE IDENTIFICATION SKILLS • KNOWLEDGE OF WILDLIFE BIOLOGY AND ECOLOGY 		

PLEASE DETAIL ANY RELEVANT QUALIFICATIONS OR TRAINING COURSES YOU HAVE ATTENDED AND WHEN (PROVIDE COPIES OF CERTIFICATES):

SIGNATURE OF MENTOR:

DATE:

SPECIES

PLEASE INDICATE WHICH SPECIES GROUP YOU ARE APPLYING TO CARE FOR:

SPECIES GROUP	STAGE OF REHABILITATION (SELECT MULTIPLE IF APPLICABLE)		
	INTENSIVE CARE (dependant young, illness or injury requiring intensive care)	INTERMEDIATE CARE (pre-weaned juveniles, recovery from illness or injury)	PRE-RELEASE (development of skills necessary for survival upon release)
MACROPODS (KANGAROOS, WALLABIES)			
POSSUMS AND GLIDERS			
OTHER MAMMALS (NATIVE RODENTS, QUOLLS, BANDICOOTS)			
BATS (FLYING FOXES AND MICROBATS) LYSSAVIRUS VACCINATION REQUIRED			
BIRDS (EXCLUDING RAPTORS)			
RAPTORS			
REPTILES (EXCLUDING VENOMOUS SNAKES)			
AMPHIBIANS			

PLEASE PROVIDE ALL RELEVANT VACCINATION DETAILS, INCLUDING DATES:

FACILITIES AND RESOURCES

DETAIL YOUR FACILITIES TO CARE FOR WILDLIFE (PLEASE PROVIDE PHOTOS)

- ENCLOSURES (MEASUREMENTS)
- YARDS (MEASUREMENTS)
- PREDATOR PROOFING
- WEATHER PROOFING
- QUARANTINE
- SEPARATION FROM DOMESTIC ANIMALS

FACILITIES MAY BE INSPECTED BY A CONSERVATION OFFICER PRIOR TO THE ISSUING OF A PERMIT.

DECLARATION

HAVE YOU BEEN CONVICTED OF A WILDLIFE OFFENCE OR HAD A PERMIT CANCELLED UNDER THE <i>TERRITORY PARKS AND WILDLIFE CONSERVATION ACT 2013</i> WITHIN THE LAST FIVE YEARS? (Please Circle) Yes / No	IF YES, PLEASE PROVIDE DETAILS:
HAVE YOU BEEN CONVICTED OF A WILDLIFE OFFENCE OR HAD A PERMIT CANCELLED UNDER A SIMILAR INTERSTATE LEGISLATION WITHIN THE LAST FIVE YEARS? (Please Circle) Yes / No	IF YES, PLEASE PROVIDE DETAILS:
DO YOU WANT YOUR CONTACT DETAILS DISTRIBUTED TO LOCAL VETS AND OTHER CARERS? (Please Circle) Yes / No	
IS THIS A RENEWAL? IF YES, PLEASE ENSURE YOUR RETURN FORM IS ATTACHED. (Please Circle) Yes / No	

I hereby apply for a permit issued under the provisions of the *Territory Parks and Wildlife Conservation Act 2013* and certify that the information supplied is true and accurate to the best of my belief, and hereby declare I shall not sell or otherwise dispose of the said fauna without the prior consent of the Director of The Parks and Wildlife Commission of the Northern Territory.

APPLICANT NAME:	
APPLICANT SIGNATURE:	DATE:

OFFICE USE ONLY

WILDLIFE RANGER VERIFICATION:		DATE:
PERMIT NUMBER:	DATE FROM:	DATE TO:

The Parks and Wildlife Commission of the Northern Territory adheres to Northern Territory's Privacy Statement, which can be found at <http://www.parksandwildlife.nt.gov.au/>