



NOMINATION FORM

Fishcare Volunteer Program



NSW Department of Primary Industries (DPI) is seeking Volunteers to assist in promoting the rules and values of sustainable recreational fishing. Nominations are invited from members of the community. Interested persons are encouraged to apply by filling out this form and returning it to the address listed on the second page. Please ensure you answer all questions, DPI is unable to accept incomplete nominations.

Name:	DOB:
Address:	
Phone No:	Place of Birth:
Occupation:	
Drivers Lic No:	E-mail:
Shirt size (ie s, m, l, xl, xxl):	

Do you have a current NSW General Waters Fishing Licence?

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Are you familiar with the current NSW freshwater/saltwater fishing rules and Regulations?

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Do you have any volunteer experience with other organisations? If yes please give details.

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Are you affiliated with any fishing, diving or community clubs?

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What qualities do you possess which would assist you in your role as a Fishcare volunteer?
(Attach a separate sheet if necessary)

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Do you fish? If No, please skip the next two questions.

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List the three fishing areas you fish most often.

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List your main fishing methods and target species.

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Do you have first aid qualifications?

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Can you swim at least 50m?

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Is English your first language?

() No _____ () Yes

If Yes, do you speak any other languages? Please list

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Are you of Aboriginal or Torres Strait Islander origin?

() No () Yes, Aboriginal () Yes, Torres Strait Islander

As your work will bring you into contact with members of the public, if your nomination is successful you will be required to provide the Department with a current National Criminal History Record Check, the cost of the check will be reimbursed. Do you have any objections to this?

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Have you ever been convicted of any offence under Fisheries Law, in any State or Territory? If so, when and what for?

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Have you ever been convicted of any criminal offence, in any State or Territory?, If so, when and what for?

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Is there any reason why your volunteering work may be restricted? This may include other work, health problems or physical disabilities.

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Declaration:

I certify that the above information supplied by myself on this nomination form is true and correct.

Signed: _____ Date : _____

Witnessed by: _____ Date : _____

Return Nomination To:

The State Coordinator
DPI, Community Programs, Recreational & Indigenous Fisheries
PO Box 21
Cronulla NSW 2230

Please Note: Nomination does not ensure a place in the program. All nominees must pass a national criminal history security check, fisheries compliance check and working with children check. It is a requirement of the program that you provide accurate date of birth and place of birth details in your nomination.

Office Use only
FORM #

Witnessed:

Signed:

Entered:

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