



Use this form to apply for accreditation as a Hunter LEAP Trainer.

STOP! Has your hunting organisation or business been accredited as a Hunter LEAP Provider?

- If yes – continue with this form.
- If no – we cannot accredit you as a Hunter LEAP Trainer. Please contact your organisation to confirm their Hunter LEAP Provider accreditation. *All trainers must be attached to a Hunter LEAP Provider.*

Section 1: Hunter LEAP Provider details

Name of Hunter LEAP Provider	
Hunter LEAP Provider accreditation number	
Contact person	Title
Contact phone	Mobile
Email	

➔ **Official nomination of Hunter LEAP Provider – please complete either A or B.**

A. Approved Hunting Organisation (AHO) nomination

I, _____, as contact person for the above named Hunter LEAP Provider, nominate the applicant to become an accredited Hunter LEAP Trainer on behalf of my Approved Hunting Organisation.

I have attached evidence of the applicant's affiliation with my organisation as follows:

- ➔ confirmation of their current membership with my organisation (name, membership number, expiry date).

Signed

Date

OR

B. Hunting industry business nomination

I, _____, as contact person for the above named Hunter LEAP Provider, nominate the applicant to become an accredited Hunter LEAP Trainer on behalf of my organisation.

I certify that the applicant is a current, ongoing employee with my organisation.

Signed

Date

Privacy notice

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 2: Applicant details

Title	Mr	Mrs	Miss	Ms	Dr
Surname					
Given names					
Preferred name					
Residential address					
Suburb			State	Postcode	
Postal address					
Suburb			State	Postcode	
Home phone			Mobile		
Email					
Sex	M / F		Date of birth	/	/

Section 3: Licences and firearm safety instructor approval**→ 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 Course			<input type="checkbox"/>

→ Firearms Licence – NSW or ACT

The Hunter LEAP Firearms and Hunting Safety (Long-arms) Course is approved in New South Wales (NSW) and the Australian Capital Territory (ACT).

I seek accreditation as a Firearms Safety Instruction in: <i>(tick the applicable state you wish to provide training in)</i>	<input type="checkbox"/> NSW	<input type="checkbox"/> ACT
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Firearms Licence Number NSW / ACT (circle)	Expiry	/	/
<i>You must provide a current NSW or ACT Firearms Licence number if you wish to conduct firearms safety training.</i>			
Categories held (circle)	A B C D H	Number of years held	

Firearms Safety Instructor approval**→ New South Wales**

I wish to apply for approval as a Firearms Safety Instructor through DPI.

- I have attached a completed **Form P644** for DPI endorsement*
- I understand that DPI will forward my P644 to the NSW Police Force Firearms Registry for approval, following my endorsement*

OR**→ Australian Capital Territory**

I wish to apply for approval as a Firearms Safety Instructor through DPI.

- I declare that I have been approved by the **ACT Firearms Registry***
- I have attached a copy of my ACT Firearms Instructor Approval certificate with this application*

Section 4: Working with Children Check

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

Please visit www.ccheck.cyp.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 5: 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.	Yes / No
<i>Section 27 (2) Game and Feral Animal Control Act 2002</i>	
Have you ever been subject to any disciplinary action by any AHO in relation to any hunting activities, behaviour or conduct?	Yes / No
I declare that I will abide by the requirements set out in the Hunter LEAP policy (GLUHL0215).	Yes / No
I declare that I will abide by all the rules and regulations set out in the <i>Hunter LEAP Trainer's Guide: Training Standards and Techniques</i> and all relevant Hunter LEAP Training Package guidelines, standards and procedures.	Yes / No
I consent to the Department of Primary Industries requesting relevant background checks which may include but are not limited to the following:	Yes / No
<ul style="list-style-type: none"> • Criminal history checks • Working with children checks 	
Signed _____	Date _____

Submitting this form

→ **Email (preferred)** hunter.leap@dpi.nsw.gov.au

→ **Mail** the form to NSW Department of Primary Industries Game Licensing Unit, Education and Training Team, Level 3, 10 Valentine Avenue, Parramatta NSW 2150.