



Form HL-F – Application to become a Hunter LEAP Firearms Safety Instructor

Use this form **if you are an accredited Hunter LEAP Trainer** and you are seeking approval as a New South Wales (NSW) or Australian Capital Territory (ACT) Firearms Safety Instructor to deliver the Hunter LEAP Firearms and Hunting Safety (Long-arms) Course.

If you are not yet accredited as a Hunter LEAP Trainer, please complete *Form HL-B – Application to become an accredited Hunter LEAP Trainer*, which includes your nomination as a Hunter LEAP Firearms Safety Instructor.

Section 1: Hunter LEAP accreditation details

Name of Hunter LEAP Provider
Hunter LEAP Trainer accreditation number

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: Firearms licence and instructor approval

The Hunter LEAP Firearms and Hunting Safety (Long-arms) Course is approved in NSW and ACT.

I seek accreditation as a Firearms Safety Instructor 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: 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>		_____
I consent to the Department of Primary Industries requesting relevant background checks which may include but are not limited to:		Yes / No
<ul style="list-style-type: none"> • Criminal history checks • Working with children checks 		_____
Signed	Date	
Print name		

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.

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.