



# 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	Place of Birth
Address		
Occupation	Phone #	
Drivers Licence #	COVID Vaccination (if applicable) #	
WWCC #	NCHRC #	
NSW Fishing Lic #	First Aide #	
Email	Shirt Size	

**\*Please Note** – A current National Criminal History Record Check and a Working with Child Check, are both required to be part of the program, the cost of the NCHRC check will be reimbursed. COVID Vaccination isn't a requirement to be involved in the program but is collected as part of medical history and as a means of duty of care.

### Questions- Please check you have completed them all before sending your nomination

Please **X** the appropriate box

- Are you familiar with the current NSW freshwater/saltwater fishing rules and Regulations?  
Yes ☐ No ☐
- Do you have any volunteer experience with other organisations? If **yes**, please give details  
Yes ☐ No ☐  
\_\_\_\_\_
- What qualities do you possess which would assist in your role as a Fishcare volunteer?  
\_\_\_\_\_
- Is English your first language? List other languages  
Yes ☐ No ☐
- Are you of Aboriginal or Torres Strait Islander origin?  
Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐
- Do you fish? If **No**, please go to Q7  
Yes ☐ No ☐
- List the three fishing areas you fish most often?  
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8. 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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9. Have you ever been convicted of any criminal offence, in any State or Territory? If so, when and what for??

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10. 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**

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**Date:**

.....

**Witnessed By**

.....

**Date:**

.....

**Return Nomination To:** fish.care@dpi.nsw.gov.au

**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. An interview is also required, and you will be contacted in relation to this.