**Accreditation Application form**

**Bush Regeneration Practitioner**

**Australian Association of Bush Regenerators Inc.**

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| **PERSONAL DETAILS**First Name: Last Name: Postal Address: Suburb / Town: State: Postcode: Telephone (Hm): (Wk):  (Mob): Email: Occupation: Signed: Date:  |

**If you are not yet a Member of AABR:** Please also complete the Membership application form, along with paying the $35 Membership fee ($20 unwaged). The Membership application form is available at https://www.aabr.org.au/about-aabr/joining-aabr/

**Accreditation applicants are required to pay the $35 Accreditation fee ($20 unwaged) when they apply, and must also be a financial Member:**

* Successful applicants will be invoiced annually (financial year) to maintain their Accreditation.
* Unsuccessful applicants can either reallocate the Accreditation fee toward their next year’s Membership or request a refund.

**Submit your completed Accreditation application form** (and Membership application form, if applicable) **by:**

* Email to secretary@aabr.org.au and cc accreditation@aabr.org.au **OR**
* Post (address at top of page).

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| **QUALIFICATIONS**I have successfully completed the following course/s in bush regeneration, e.g. Certificate III in Conservation and Land Management, Certificate III in Conservation and Ecosystem Management.Please also list any other biodiversity or environment-related courses. |
| **Course Level and Name**(Please attach copies of certificates and/or transcripts) | **Institution** | **Year****Completed** |
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| **EXPERIENCE**I have the following bush regeneration experience. (Approximate dates & hours may be sufficient.)Attach another sheet if there is insufficient space. Information must be in this format.You must have at least 500 hours bush regeneration field experience over at least 2 years to be able to apply for Accreditation. |
| **Site name and location** | **From**(date) | **To**(date) | **No. of****Hours** | **Field Supervisor**(include phone numbers,if known) | **Employer’s business name** |
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| **TOTALS MUST BE AT LEAST:****2 Years AND 500 Hours** |  |  |  |

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| **CHECKLIST** (tick relevant boxes) |
|  | I have read and understood AABR’s 12 “Bush Regeneration Practitioner Competencies” and understand that Accreditation is based on these Competencies. (Refer to AABR website for the list of Competencies.) |
|  | I have provided details of at least 500 hours bush regeneration field experience over at least 2 years. |
|  | I have attached copies of certificates of my above-listed courses, as well as transcripts of the units completed. |
|  | I have completed both pages of this Accreditation application form and signed and dated them. |
|  | I understand that awarding of Accreditation will depend on further communication and close consideration, and possible assessment, of my skills and knowledge. |

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| **DECLARATION**I declare that all the information in, and attached to, this Accreditation application form is correct.By signing this Accreditation application form, I consent to AABR contacting my supervisors to verify my field experience.Signed: Date:  |