

Accreditation Application form
Bush Regeneration Practitioner
Australian Association of Bush Regenerators Inc.

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).

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

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
TOTALS MUST BE AT LEAST: 2 Years AND 500 Hours					

CHECKLIST (tick relevant boxes)

<input type="checkbox"/>	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.)
<input type="checkbox"/>	I have provided details of at least 500 hours bush regeneration field experience over at least 2 years.
<input type="checkbox"/>	I have attached copies of certificates of my above-listed courses, as well as transcripts of the units completed.
<input type="checkbox"/>	I have completed both pages of this Accreditation application form and signed and dated them.
<input type="checkbox"/>	I understand that awarding of Accreditation will depend on further communication and close consideration, and possible assessment, of my skills and knowledge.

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: _____