



Form HL-A - Application to become an accredited Hunter LEAP Provider

Use this form to apply for your organisation to become an accredited Hunter LEAP Provider.

Section 1: Personal details of official representative

(The official representative will become the contact person for the organisation.)

Title	Mr	Mrs	Ms	Miss	Dr
Surname					
Given Names					
Preferred Name					
Have you been known by any other names?	If yes please provide details				
Residential Address					
Suburb			State	Postcode	
Postal Address					
Suburb			State	Postcode	
Home Phone			Mobile Phone		
Email					
Sex	M / F		Date Of Birth	/	/

Section 2: Citizenship/Residency

Are you an Australian Citizen or a Permanent Resident of Australia?	Yes / No
If no, please attach a statement detailing your residency	

Section 3: Application type

Please Indicate the type of club, organisation or business you are seeking accreditation for. (Please tick either A. or B. from the options below)	
A. Approved Hunting Organisation (AHO) (Hunting clubs or associations seeking accreditation as a Hunter LEAP Provider must be a registered AHO with the Department of Primary Industries.)	<input type="checkbox"/> A
AHO number:	
Name of AHO	
ACN	ABN
Contact Person (if different to section 1)	Position Held
Postal Address	
Suburb	State Postcode
Phone	Mobile
Email	

B. Hunting Industry Business				<input type="checkbox"/> B
Name Of Business:				
ACN:		ABN:		
Type of Business:	Hunting <input type="checkbox"/>	Camping <input type="checkbox"/>	Fishing <input type="checkbox"/>	
Disposals <input type="checkbox"/>	Rural Supplies <input type="checkbox"/>	Other <input type="checkbox"/> Details		
Contact Person (if different to section 1)		Position Held		
Postal Address				
Suburb		State	Postcode	
Phone		Mobile		
Email				

Section 5: Privacy

The information collected on this form will be used by the Department of Primary Industries (DPI) to assess your suitability for accreditation of your club, organisation or business as a Hunter LEAP Provider 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 6: Declaration

I, _____ on behalf of the applicant (AHO or hunting industry business) hereby declare that all information found within this application is true and correct.

I/We (AHO or hunting business) understand that:

- we must abide by the requirements set out in the Hunter LEAP policy (GLUHL0215).
- we must nominate Hunter LEAP Trainers to deliver the supplied Hunter LEAP material on behalf of our organisation, if our application for accreditation is successful, and
- approval of nominated Hunter LEAP Trainers will be subject to a Working With Children Check and a Criminal History Check.

Section 7: Signature

Name			
Signature		Date	

Section 8: Submitting this form

➔ **By 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 12, 10 Valentine Ave, Parramatta NSW 2150.