

Application for Bush Regeneration Practitioner Accreditation by the Australian Association of Bush Regenerators Incorporated



Australian Association of Bush Regenerators Inc.
c/- Total Environment Centre, P.O. Box K61, Haymarket NSW 1240
Tel: 0407 002 921 email enquiries@aabr.org.au website www.aabr.org.au ABN 89 059 120 802

Personal details and declaration

I, (first name): _____ (surname): _____

Postal address: _____

Suburb / Town: _____ State: _____ Postcode: _____

Telephone (Hm): _____ (Wk): _____

(Mob): _____

Email: _____

Occupation: _____

I am a current member of AABR* and request accreditation by the Australian Association of Bush Regenerators as a Bush Regeneration practitioner. I understand that my application must first be assessed. I believe that all the information in and attached to this application is correct.

Signed: _____ Date: _____

* If not yet a member of AABR, please also include a completed membership application form (downloadable from aabr.org.au) along with the \$30 membership fee.

Note: The current annual fee for Accreditation (on top of membership) is \$30 (\$15 unwaged). Successful applicants will be invoiced annually (financial year).

Please post your completed application (and membership application if applicable) to the address above or scan and email it to secretary@aabr.org.au

OFFICE USE: Standard // Non-standard	V'n: Dec. 2004
All applications: Received: ___/___/___ BR qualification received: ___/___/___ 500 hrs supervised: Y / N 2Yrs: Y / N	
Comments: _____	
Non-Standard: Assessors: _____ Assessors confirmed: ___/___/___	
Report received: ___/___/___ Comments: _____	
Approved: ___/___/___ Notice sent: ___/___/___ Fees received: ___/___/___ Member No. _____	
Not approved: ___/___/___ Comments: _____	
Lapsed: ___/___/___ Comments: _____	

Qualifications and experience

1. I have successfully completed the following course/s in bush regeneration:

Course name & level [copy of certificates, etc. must be attached]	Institution	Year completed

2. I have worked on the following bush regeneration sites:

Site name and location	From (date)	To (date)	No. of hours	Field Supervisor	Employer's business name

Attach another sheet if there is insufficient space. Information must be in this format.

Checklist (tick relevant boxes)

All Applicants:

- I have read and understood AABR's "list of competencies of a bush regenerator" and understand that determination of accreditation is based on these competencies. (Refer to AABR website for the list of competencies.)
- I have completed both pages of this application and signed and dated it.

Standard Applicants:

- I believe I am a Standard Applicant, i.e. I have successfully completed C LM III delivered in a bush regeneration industry context and have at least 500 hours (over 2 years) field experience under an AABR recognised supervisor.
- I have attached a copy of my successfully completed bush regeneration qualification/s. (Must be provided)

Non-standard Applicants:

- I am a Non-standard Applicant as I have similar (500 hrs /2 years) field experience but achieved the competencies through a pathway different to that stated in "Standard Applicants" for reasons briefly stated on attached page.

(State reasons on a separate page). I therefore request Non-standard field assessment at the following site: _____

I declare that all the information in and attached to this application is correct.

Signed: _____ **Date:** _____