

# Application for Bush Regeneration Practitioner Accreditation by the Australian Association of Bush Regenerators (NSW) Incorporated



**Australian Association of Bush Regenerators (NSW) 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 33 053 528 029

## Personal details and declaration

I, (first name): \_\_\_\_\_ (surname): \_\_\_\_\_

Postal address: \_\_\_\_\_

Suburb / Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone (Hm): \_\_\_\_\_ (Wk): \_\_\_\_\_

(Mob): \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

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](mailto:secretary@aabr.org.au)

<b>OFFICE USE:</b> Standard // Non-standard	<b>V'n: Dec. 2004</b>
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:** \_\_\_\_\_