

Application Form Pest Management Program 2627

Form Preview

Important Notice

* indicates a required field

Western Downs Regional Council is committed to handling your personal information in accordance with the *Information Privacy Act 2009* (Qld) and the Queensland Privacy Principles (QPPs).

QPP 5 obliges Council to advise you of certain matters when collecting your personal information.

This collection notice sets out those matters, and explains how we will manage the collection, use, disclosure and storage of your personal information.

The personal information collected on this form will be used to process applications under the Pest Management Program. The personal information you supply on this form in accordance with *Local Government Act 2009*.

If you choose not to provide your personal information, for example your name and contact details, Council will not be able to consider your grant application.

Your personal information will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless required by law.

Council's privacy policy explains how you may request access to and/or seek correction of your personal information. Council's policy also explains how you can complain to Council if you consider Council has breached its obligations to manage your personal information in accordance with the QPPs, and how we deal with privacy complaints.

If you have any questions about how your personal information will be handled, please contact Council on telephone 1300 268 624 or info@wdrc.qld.gov.au.

Please refer to Council's website for more information about [Pest Management](#).

Please refer to the over-arching Council Policy by clicking [here](#) prior to completing this application form.

For further information please phone Council on 1300 268 624 to speak with Council's Natural Resource Management Officer.

I have read the Council Policy prior to completing this application and confirm that to the best of my knowledge this application meets eligibility requirements.

By clicking proceed I confirm that I am legally authorised to make this application on behalf of the Pest Group for which this application is being lodged.

Confirmation *

☐ Proceed

Details

* indicates a required field

Application Form Pest Management Program 2627

Form Preview

Applicant Details

Pest Group Name *

Organisation Name

Status

Is this a newly formed Pest Management Group? *

- ☐ Yes
☐ No

Map

Please upload a map of the proposed Pest Management Group *

Attach a file:

Person making this application on behalf of the pest group

Name *

Title

First Name

Last Name

Phone Number *

Email *

Mobile Number *

Project Description

Project Title *

Short project description *

Provide a short description (100 words recommended) of your project - what is the need for your project?

Please outline any contact you have made with neighbouring Pest Management Groups in relation to this project? *

Start date *

Application Form Pest Management Program 2627

Form Preview

Must be a date.

Must be at least two weeks after submission date

Completion Date *

Must be a date.

Evidence of Project

Please be advised that, if approved, you will be required to provide evidence in your acquittal report of the completion of your project.

The evidence requested includes:

- **Maps** and/or **flight logs**
- **Photos** of the project being undertaken

Failure to supply this evidence may result in your group no longer being considered eligible to receive funding under the Pest Management Program.

I understand that (if approved) I am required to provide the above evidence in my acquittal report *

☐ Yes

Feral Pig Control

* indicates a required field

Please attach a listing of all Landholders involved in the project and their Lot and Plan information (Excel Document) *

Attach a file:

Do you have a designated Aerial Shooting Contractor? *

☐ Yes

☐ No

Name of Aerial Shooting Contractor

Name of Aerial Shooting Contractor *

Please upload the Certificate of Currency for the Public Liability Insurance for the Aerial Shooting Contractor *

Attach a file:

Application Form Pest Management Program 2627

Form Preview

Please upload a copy of the Air Operator's certificate (please be advised that the certificate should have a low level flying endorsement from CASA) *

Attach a file:

Please upload a current copy of the Aerial Shooting Contractor's 'Use of Firearms for Pest Control Activities from an Aircraft' License (License AHCPMG311) *

Attach a file:

No designated Aerial Shooting Contractor

Please contact a member of Council's Rural Services Team for contact details of Aerial Shooting Contractors

Agreement

* indicates a required field

By submitting this acquittal, I

Title	First Name	Last Name
-------	------------	-----------

----------------------	----------------------	----------------------

confirm that:

- 1.The details in this application and any attachments are lawfully true and correct; and
- 2.I have been legally authorised to make this application on behalf of the Pest Management Group for which this application is being made; and
- 3.The applicant/contractor named in this application accepts all legal and financial responsibility associated with this application and any funds granted should this application be successful.

*

☐ Agree