

Expression of Interest

Approval for volunteer herbicide spraying



Name: _____

Worksite: _____

List any formal qualifications you have in bush regenerations.

Describe your experience in weed control techniques.

Describe your experience in plant identifications, including native and weed species and ability to identify noxious weeds and environmental weeds.

Describe your experience in working in endangered ecological communities and threatened species habitats and working in accordance with relevant site management plans.

Do you hold a current ChemCert operator's licence (or equivalent)? _____

If yes please provide a copy.

Do you have a current First Aid Certificate? _____

If yes please provide a copy

Please return completed EOI's and any copies of the above certificates to:

The President
Coffs Harbour Regional Landcare INC.
PO Box 1730
Coffs Harbour
NSW 2450

Or email to:

chrl@coffslandcare.org.au

N.B. Applicants should familiarise themselves with CHRL's "Volunteer Herbicide Spraying Policy" (attached). Successful applicants will be placed on a trial period of 3 months prior to receiving formal approval. Submitting this EOI does not guarantee approval.