

Supplementary application to Conduct Research on Game

Additional information required when applying for an Authority to Conduct Research on Game through MyGL

This form requires you to provide information on:

- the species and number of game that you wish to research (section 5)
- the specific reason for research of game (section 5)
- your proposed research methods (section 5).

This form must be completed and attached to your MyGL application.

1. Applicant’s residential address

Property name *(Name of house, farm or building if applicable).*

Flat/Unit No.

House/Lot No.

Street name

City/suburb/town

Postcode

Note: If you intend to engage additional persons to research game, please complete section 6

2. Organisation

3. Occupation/Position

4. Proposed research site/s

Name of property/park/reserve

Road location *(e.g. no. 2010 Plenty Rd, 2km west of intersection with Centre Rd)*

Postcode

Municipality *(e.g. Southern Grampians Shire)*

Land classification *(please specify)*

An authorisation issued under Section 28A of the Wildlife Act 1975 does not absolve the need to comply with any other laws of Victoria, local government, or the Commonwealth

5. Research details

Project title

Project aim

Project description

5. Research details (cont.)

| | | | | |
|---|---------------------------------------|--|--------------------------------------|--|
| What procedures do you intend to carry out on game species? (Please tick box) | Collect <input type="checkbox"/> | Mark and /or band <input type="checkbox"/> | Retain live <input type="checkbox"/> | Radio track <input type="checkbox"/> |
| | Live capture <input type="checkbox"/> | Release <input type="checkbox"/> | Retain dead <input type="checkbox"/> | Other (e.g. take DNA samples) please specify |

If the project is not a survey, list the species and numbers of game to be used.

| Species | Number of animals | Species | Number of animals |
|---------|-------------------|---------|-------------------|
| | | | |
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Animal Ethics Committee (AEC) approval attached

Yes Not required

6. Additional agents

| | | | | |
|-----|------------------------------------|--------------------------------|------------------------------------|--|
| 1) | Mr/Mrs/Ms <input type="checkbox"/> | Full name <input type="text"/> | Date of birth <input type="text"/> | Residential address <input type="text"/> |
| 2) | Mr/Mrs/Ms <input type="checkbox"/> | Full name <input type="text"/> | Date of birth <input type="text"/> | Residential address <input type="text"/> |
| 3) | Mr/Mrs/Ms <input type="checkbox"/> | Full name <input type="text"/> | Date of birth <input type="text"/> | Residential address <input type="text"/> |
| 4) | Mr/Mrs/Ms <input type="checkbox"/> | Full name <input type="text"/> | Date of birth <input type="text"/> | Residential address <input type="text"/> |
| 5) | Mr/Mrs/Ms <input type="checkbox"/> | Full name <input type="text"/> | Date of birth <input type="text"/> | Residential address <input type="text"/> |
| 6) | Mr/Mrs/Ms <input type="checkbox"/> | Full name <input type="text"/> | Date of birth <input type="text"/> | Residential address <input type="text"/> |
| 7) | Mr/Mrs/Ms <input type="checkbox"/> | Full name <input type="text"/> | Date of birth <input type="text"/> | Residential address <input type="text"/> |
| 8) | Mr/Mrs/Ms <input type="checkbox"/> | Full name <input type="text"/> | Date of birth <input type="text"/> | Residential address <input type="text"/> |
| 9) | Mr/Mrs/Ms <input type="checkbox"/> | Full name <input type="text"/> | Date of birth <input type="text"/> | Residential address <input type="text"/> |
| 10) | Mr/Mrs/Ms <input type="checkbox"/> | Full name <input type="text"/> | Date of birth <input type="text"/> | Residential address <input type="text"/> |