

REQUEST FOR REHABILITATION PERMIT ENDORSEMENT



TO: Wildcare Australia Inc
PO Box 2379
Nerang Mail Centre Qld 4211

I hereby request that a Rehabilitation Permit Endorsement be issued to me.

I understand that the conditions of the Permit Endorsement are as follows:

1. I must have adequate housing facilities and equipment to care for the species that I will be rehabilitating in accordance with the Appendix 1: Minimum Cage Sizes as contained in the **Code of Practice – Care and rehabilitation of orphaned, sick and injured protected animals by wildlife care volunteers** (“Code of Practice”) under the Nature Conservation Act 1992 and the Minimum Housing Standards as set down by Wildcare Australia Inc and/or as listed in the relevant training material provided by Wildcare Australia; and
2. I must complete ALL relevant training courses specific to those species that I will be rehabilitating as set out in the Wildcare Australia Inc Training Program Outline.
3. In the event that I chose to rescue and/or rehabilitate bats, I must undergo vaccination against the Australian Bat Lyssavirus and maintain satisfactory titre levels in accordance with Clause 4.2(i) of the Code of Practice.
4. I must remain a financial member of Wildcare Australia Inc; and
5. I must abide by all Rules and Regulations as set down by Wildcare Australia.
6. I must maintain and submit regular carer records as set down by the Wildcare Australia Inc Management Committee.
7. I understand that the Permit Endorsement is for common species of native wildlife and does not include specialised species such as cassowary, emu, koala, echidna, platypus, marine turtles, crocodiles, marine mammals, venomous snakes and some species of birds (eg Hawks, Eagles, Kites, Falcons, Petrels, Albatrosses, Penguins, Cormorants and Shags, Darters, Gannets, Pelicans).
8. I understand and acknowledge that the species that I am permitted to care for is as decided from time to time by the Wildcare Australia Inc Management Committee and is based on my experience, knowledge and facilities.

I acknowledge that this is a request only and is subject to assessment by the Wildcare Australia Inc Management Committee.

Please provide the name of any other wildlife care organizations that you are actively involved with and/or any individual Rehabilitation Permits which have been issued to you by the EPA.

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PERMIT ENDORSEMENT REQUESTED BY:

Name		Membership No.	
Residential Address			
Signature		