



Catchment Care Employment Pool Application Form

Name: _____

Postal Address: _____

Phone: (Home) _____ (Mobile) _____

Fax: _____

Email: _____

ABN: _____

Preferred time periods for work:

Please tick preference

<input type="checkbox"/>	Weekdays
<input type="checkbox"/>	Weekends
<input type="checkbox"/>	School Holidays
<input type="checkbox"/>	Mornings
<input type="checkbox"/>	Afternoons
<input type="checkbox"/>	Evenings
<input type="checkbox"/>	Any
<input type="checkbox"/>	Other _____

Preferred geographical areas of work:

Please tick preference

<input type="checkbox"/>	Shire of Busselton
<input type="checkbox"/>	Shire of Capel
<input type="checkbox"/>	Shire of Donnybrook
<input type="checkbox"/>	Shire of Augusta Margaret River
<input type="checkbox"/>	Any of the above
<input type="checkbox"/>	Other (<i>specify area</i>) _____

Previous Experience:

Please tick where relevant.

Please provide the name of the organization & the role you undertook

	Worked/Volunteered for GeoCatch		
	Worked/Volunteered for Cape to Cape Catchments group		
		Organisation	Role
Worked for Private Industry			
Worked for Community Group			
Worked on own property			
Worked for Government Department			
	Other _____		

Qualifications/Certificates: _____

Relevant Skills:

Please tick where relevant. Please indicate the hourly rate where applicable for you to undertake the task in which you have relevant skills

		Demonstrated Examples	Hourly rate
	Seed Collecting		
	Seed Cleaning		
	Vegetation Identification		
	Vegetation mapping		
	Data Entry - Database Development		
	Geographic Information System		
	Weed Eradication		
	Tree Planting		

	Site Preparation		
	Fencing		
	Presentations on Specialists Subjects		
	Fauna Surveying		
	Foreshore Assessment		
	Marine Surveying		
	Weed Identification		
	Weed Mapping		
	Community Facilitation/Training		
	Fauna Monitoring		
	Development of Environmental Management Plans		
	Herbarium Sampling		
	Organise Workshops/Training		
	Water Sampling		
	Feral Animal Management		
	Other_____		

Type of Work Interested In:

<input type="checkbox"/>	Paid Work
<input type="checkbox"/>	Volunteer
<input type="checkbox"/>	Both

Insurance Details: _____

Please provide copies of your insurance for workers compensation and public liability. For people who do not have their own insurance you will need to be able to be employed through South West Personnel.

Are you prepared to be employed by LabourPlus employment agency?

YES

NO