BushCare Sunshine Coast is a community based natural area management program that actively involves and engages community volunteers in bush regeneration and restoration on Sunshine Coast Council’s environment reserves.

Through the services of a Community Conservation Officer, council offers BushCare Community groups practical and technical guidance, regular training and support, materials and equipment to approved activities on council managed environment reserves.

Please read the BushCare Sunshine Coast Gudielines before completing this application form. The guidelines explain the program’s objectives and the important roles and responsibilities required by the group, volunteer and council.

Qualification Criteria

Applicants need to meet the following parameters:

* The activities must be on land managed by the Sunshine Coast Council for conservation.
* The activities must support council’s Environment and Liveability Strategy, Biosecurity Plan and any relevant reserve management plans.
* Conservation of biodiversity and the environment is the primary intent of the activity and have the support of the reserve manager.
* Group members must be committed to training and skills development (attendance at safety induction session is a minimum requirement).
* The role of group coordinator must be filled by a member of the group at all times.

If these qualifying criteria can be met, please complete this application form in consultation with a Community Conservation Officer. For more information and/or to submit your application contact Senior Community Conservation Officer at [bushcare@sunshinecoast.qld.gov.au](mailto:bushcare@sunshinecoast.qld.gov.au) or 07 5499 5178.

The Intake process

New Group intake occurs.

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| Applications Close | Application Assessment Period |
| 1 November | 2 November – 31 December |
| 1 April | 2 April – 31 May |

The number of new groups accepted will depend on the availability created by:

* Existing groups leaving the program
* Existing groups requiring reduced levels of support; and
* Increases in program resources.

If your application meets all the requirements, but council doesn’t have the resources to start the group, the application will remain open until a place/resources become available.

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| 1. Group Details | | |
| (Proposed) Name | | |
| Is this an existing incorporated group? | * Yes | * No |
| Is your group affiliated with any other groups? i.e. Catchment Group, Landcare Group | * Yes | * No |
| If Yes, please specify | | |
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| 1. Nominated Group Coordinator | | | | |
| Surname | | Given names | | |
| Postal address | | | | |
| Suburb | | State | | Postcode |
| Business phone | A/H phone | | Mobile | |
| Email address | | | Fax | |

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| 1. Details | | | | | |
| Proposed Location | Park, Bushland Reserve and/or River | | | | |
| Street address | | | | |
| Suburb | | | | |
| How far is the closest exisiting BushCare Community group? | | | |  | |
| Why are you proposing to start this group? How did you become interested in this site/reserve? | | | | | |
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| What are your main goals for the site? How will the group’s activities improve and/or maintain biodiversity by protecting and restoring flora and fauna habitat? i.e. corridor linkage value; status of regional ecosystems; habitat for endangered, rare or threatened species. | | | | | |
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| Does your proposed group activities integrate with any exisiting council, local or regional plans?  i.e. Bushland Management Plan, Environment and Liveability Strategy, Biodiversity Plan, Catchment Management Plan, Local Area Plan, Regeneration Works Plan | | | | | |
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| Does your group/members already have skills or experience which will be useful in this bushland area? E.g. plant identification, weed management etc. | | | | | |
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| Preferred day and frequency for activities/working bee? i.e. first Friday of the month | | | | | |
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| Have you undertaken any community consultation, if so, what response has been received?  i.e. Letter box drop, consulted with immediate neighbours, discussions with SCC Staff or other local groups | | | | | |
| Consultation Process | | Response Received | | | |
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| Who is the Councillor for your Division? | | | | | |
| Have you contacted your local Councillor? | | | * Yes | | * No |

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| Volunteer Details | | | |
| List the volunteers who wish to activitely participate in the group i.e. please aim for at least 10 people | | | |
| **Name** | **Address** | **Email** | |
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| **Declaration of applicant** | | | |
| I/We, the applicant, declare that the above information is correct in all respects, at the time of lodgement of this application with the Sunshine Coast Regional Council. Should any of the details given in relation to this application be changed in the future, the applicant shall advise the Sunshine Coast Regional Council in writing prior to any such change being implemented. | | | |
| Signature | | | Date |

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| **OFFICE USE ONLY** | | | | |
| Assessment Notes | | | | |
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| Date Application Received | Assessment Date | Assessed by | Approved / Not Approved | Outcome delivered to group |
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