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

Our program is guided by best practice restoration in a stratigic and planned manner. We ensure that we adequately resource any new project sites and commit funding to assist volunteer activities and ongoing maintenance with skilled restoration teams.

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.

Unsupervised bush regeneration and restorations work by individuals, groups or organisations is not supported within council’s environment reserves. These projects are managed by long term skilled Project Officers with skilled restoration teams. If there are no BushCare groups in the area and you have identified an area for potential community involvement, you can submit this application form.

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 Sunshine Coast Council for conservation with the support of the reserve manager.
* The area is identified as a high conservation value site. This may include location in the landscape with connectivity, corridors, threatened species, vegetation type, etc. The groups activities primary intent is conservation of biodiversity and the environment.
* The activities must support council’s Environment and Liveability Strategy, Biosecurity Plan and any relevant reserve management plans.
* The group is not within the proximity (min. 5km) of another group or initiative. This is to ensure that we build capacity for existing groups and not impact upon their volunteering numbers.
* A minimum of 10 consistent group members attending regular working bees. Group members must be committed to training and skills development (completion of an annual safety induction is a minimum requirement).
* The role of group coordinator must be filled by a member of the group at all times.
* There are no conflicts of interest with any group members which may include interest for the benefit of a private property or for own personal or monetary gain.

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 0418 374 786.

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.

Our first preference is however to direct you to existing initiatives, this helps to build capacity within current projects and ensuring volunteer numbers are sustainable.

New BushCare Group Application Form

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| 1. Application contact details | | | | | |
| Surname | | Given names | | | |
| Postal address | | | | | |
| Suburb | | State | | Postcode | |
| Business phone | A/H phone | | Mobile | | |
| Email address | | | Fax | | |
| Are you applying on behalf of an existing group? i.e. Catchment Group, Landcare Group, Resident Association | | | * Yes | | * No |
| If Yes, please specify | | | | | |

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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; quarterly, morning, afternoon | | | | | |
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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 actively participate in the group i.e. Aim for a minimum of 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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