**Rehabilitation permit authorisation**

 **1: PERMIT HOLDER DETAILS** (Permit holder to complete sections 1, 2, 3, 4 & 6)

|  |  |  |  |
| --- | --- | --- | --- |
| Rehabilitation permit number | WA      | Valid from:       | Expiry:       |
| Group name |       |
| Permit holder |       | Contact number |       |
| Registered address |       |

 **2: ADDITIONAL RELEVANT PERSON DETAILS**

|  |  |
| --- | --- |
| Persons name |       |
| Location of activity |       |
| Contact details |       | Membership number (if applicable) |       |

 **3: SPECIES SCHEDULE** (Species and total number of wildlife the relevant person is permitted to hold at any one time)

|  |  |  |
| --- | --- | --- |
| Species | Age of animal (juvenile, sub adult, adult) | Total number |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

(add new lines for extra species)

 **4: RELEVANT PERSON AGREEMENT** (Relevant person to complete)

|  |  |
| --- | --- |
| Agreement | Declaration |
| *[ ]*  | I agree to read and abide by the DES Code of Practice – Care of Sick, Injured or Orphaned Protected Animals in Queensland |
| *[ ]*  | I agree I have received relevant vaccinations, training, information and instruction on the care of wildlife, as authorised by this document. |
| *[ ]*  | I agree to abide by all conditions placed on this authorisation |
| *[ ]*  | I agree to (for voluntary wildlife care groups):1. abide by the groups rules of membership
2. keeping and maintenance of all records of animals under my care
3. attend regular training sessions and keep my skills up to date
 |
| *[ ]*  | I agree to notify the permit holder if my details change or my ability to care for protected animals is compromised. |
| Signature:…………………………………………………………………….Date:……………………………………… |

Insert Groups logo (if applicable)

 **5: AUTHORISATION**

|  |
| --- |
| I,      ……………………..authorise the person listed above (section 2) to hold the species and number listed in the species schedule above (section 3) until (specify date)       or membership of this group has ended.Signature:…………………………………………………………………….. Date:…………………………………Note: The expiry date cannot exceed the expiry date of the current rehabilitation permit. |