AABR Regenerators
Working with natural processes

Australian Association of Bush Regenerators Inc.
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Tel: 0407 002 921 **email** enquiries@aabr.org.au **website** www.aabr.org.au **ABN** 89 059 120 802

Accreditation Application Form

Bush Regeneration Practitioner

Australian Association of Bush Regenerators Inc.

PERSONAL DETAILS

First Name: _____ Last Name: _____

Postal Address: _____

Suburb / Town: _____ State: _____ Postcode: _____

Telephone (Hm): _____ (Wk): _____

(Mob): _____

Email: _____

Occupation: _____

Signed: _____ Date: _____

Accreditation Applicants must be a financial Member of AABR.

If you are not yet a Member, please complete a Membership application form, along with paying the $35 Membership fee ($20 unwaged). The Membership application form is available at https://www.aabr.org.au/about-aabr/joining-aabr/

Accreditation Applicants are also required to pay the $35 Accreditation fee ($20 unwaged) when they apply:

- Successful applicants will be invoiced annually (financial year) to maintain their Accreditation.
- Unsuccessful applicants can either reallocate the Accreditation fee toward their next year's Membership or request a refund.

Submit your completed Accreditation application form (and Membership application form, if applicable) **by:**

- Email to secretary@aabr.org.au and cc accreditation@aabr.org.au **OR**
- Post to the address at top of the page.

V'n 03/11/2025

QUALIFICATIONS

I have successfully completed the following course/s in bush regeneration, e.g. Certificate III in Conservation and Land Management, Certificate III in Conservation and Ecosystem Management.

Please also list any other biodiversity or environment-related courses.

Course Level and Name (Please attach copies of certificates and/or transcripts)	**Institution AND Campus**	**Year Completed**

EXPERIENCE

I have the following **bush regeneration** experience. (Approximate dates & hours may be sufficient.)

*Attach another sheet if there is insufficient space. Information must be in this format. Note: you **MUST** have at least 500 hours bush regeneration (i.e. facilitated regeneration) field experience gained over at least 2 years to apply for Accreditation. Hours **MUST only include** treatments that facilitate regeneration of natives – **not** planting, seeding (or weed control for its own sake) Experience which was part of a course **CAN'T** be included but voluntary experience **CAN** be. Sites should include at least two different plant community types - e.g. dry forest, rainforest, grassland, coastal - including at least one that has soil seed banks.*

Site name and location	**From** (date)	**To** (date)	**No. of Hours**	**Field Supervisor** (include phone numbers, if known)	**Employer's business name**
TOTALS MUST BE AT LEAST: 2 Years AND 500 Hours					

CHECKLIST (tick relevant boxes)

	I have read and understood AABR's 12 "Bush Regeneration Practitioner Competencies" and understand that Accreditation is based on these Competencies. (Refer to AABR website for the list of Competencies.)
	I have provided details of at least 500 hours bush regeneration field experience gained over at least 2 years.
	I have attached copies of certificates of my above-listed courses, as well as transcripts of the units completed.
	I have completed both pages of this Accreditation application form and signed and dated them.
	I understand that awarding of Accreditation will depend on further communication and close consideration, usually involving an assessment of my skills and knowledge.

DECLARATION

I declare that all the information in, and any additional information provided with, this Accreditation application form is correct.

By signing this Accreditation application form, I consent to AABR contacting my supervisors to verify my field experience.

Signed: _____ Date: _____