



**ACT**  
Government

Territory and Municipal Services

## PROJECT APPROVAL

Name: ..... Phone: (home)..... (work).....

Address: .....

Organisation: .....

Supervisor/s: .....

Project Title: (please attach detailed project aims separately) .....

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Field study techniques to be used: .....

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Location: (Grid ref. and attached map) .....

Will this area be marked in the field (Yes/No)?.....How?.....

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Duration: —field work ..... —entire project.....

Frequency of field visits? .....

Names of other researchers involved: .....

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Are other licences required (Yes/No)?.....Animal Ethics Committee..... Firearm.....

Radiology..... Restricted drugs..... Australian Bird and Bat Banding Scheme.....

Vet. Surgeons Board..... Other.....Details/number.....

Do you have special management requirements e. g. vehicle access? .....

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Other details: .....

### OFFICE USE ONLY

**Wildlife Research & Monitoring Unit:**.....

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Signed by Senior Wildlife/ Plant Ecologist..... Date:../../.....

**Parks Conservation & Lands:**.....

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Signed by District Manager..... Date:../../.....