

CULTURAL HERITAGE SURVEY AND MONITORING
EXPRESSION OF INTEREST FORM

Please return your completed form via email to reception@pccctrust.com.au or via post to Port Curtis Coral Coast Trust Limited, PO Box 537, Bundaberg QLD 4670.

If you have any queries or require assistance to complete this form, please contact the PCCC Trust's Cultural Heritage Manager on (07) 4167 0037 or reception@pccctrust.com.au

APPLICANT INFORMATION: Please print clearly and in capital letters		
Surname:	First Name:	
Street address:		
City:	State:	Post Code:
Phone:	E-mail:	
Postal address (If same as street address write 'AS ABOVE'):		
City:	State:	Post Code:
Date of Birth:	Gender:	
IF APPLICANT IS UNDER 18, PARENT/CARER TO SIGN APPLICATION FORM: Please indicate relationship to applicant:		
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Carer <input type="checkbox"/> Other (please specify):		
Name: _____		
Date: _____ Signature: _____		

OTHER PERSONAL INFORMATION	
Driver's License: Yes <input type="checkbox"/> No <input type="checkbox"/> Driver's License Class: _____	Driver's License Number: _ _ _ _ _ Expiry Date: _____
White Card: Yes <input type="checkbox"/> No <input type="checkbox"/>	White Card Number: _ _ _ _ _

PLEASE INDICATE THE PCCC GROUP OF THE APPLICANT ON THIS APPLICATION:

Gooreng Gooreng Gurang Taribelang Byellee

PLEASE INDICATE THE APICAL ANCESTOR OF THE APPLICANT:

<input type="checkbox"/> Dina	<input type="checkbox"/> Jessie	<input type="checkbox"/> Dolly (mother of Johnson Matemate)	<input type="checkbox"/> Molly Jones	<input type="checkbox"/> Dulhu/Doolan
<input type="checkbox"/> Buller Tolsen (Norman Buller)	<input type="checkbox"/> Nellie Murray (Also known as Nellie Watcho and Alice Murray)	<input type="checkbox"/> Jane	<input type="checkbox"/> Betsy	<input type="checkbox"/> Rosie
<input type="checkbox"/> Maggie Little	<input type="checkbox"/> Rosie Blackman	<input type="checkbox"/> Emma Jones (wife of John Broom/e)	<input type="checkbox"/> John Hill ("Pig Pig")	<input type="checkbox"/> Elizabeth Tanwatt/Daniels
<input type="checkbox"/> Kitty of Gladstone	<input type="checkbox"/> Margaret Grant	PCCC Trust Limited Membership Number*: _ _ _ _ _		

* If you are not a current PCCC Trust Member, PCCC Ltd encourages you to complete the Membership form (see <http://www.pccctrust.com.au/programs/membership/>)

NECESSARY PERSONAL PROTECTIVE EQUIPMENT (PPE)

Please tick the "Yes" boxes if you own any of the following items of PPE.
If you don't own these items of PPE, please tick the "No" box and indicate your size.

<u>Item</u>	<u>Yes</u>	<u>No</u>	
Full-Brim Hat	<input type="checkbox"/>	<input type="checkbox"/>	Size: _____
Long Sleeve Shirt	<input type="checkbox"/>	<input type="checkbox"/>	Size: _____
High Visibility Vest	<input type="checkbox"/>	<input type="checkbox"/>	Size: _____
Long Pants	<input type="checkbox"/>	<input type="checkbox"/>	Size: _____
Steel-Cap Boots	<input type="checkbox"/>	<input type="checkbox"/>	Size: _____
Water Bottle	<input type="checkbox"/>	<input type="checkbox"/>	Size: Not Applicable

RELEVANT EXPERIENCE AND OTHER CONSIDERATIONS

Have you had previous experience in Cultural Heritage Management monitoring? Yes No

Do you have any circumstances or conditions that may impact your ability to work? Yes No

If "Yes" please provide further details: _____

Please list any other relevant formally recognised skills, qualifications or certificates:
