

Expression of Interest

Canine Behavioural Workshops Close– Wednesday 7th of August



Application Form

CONTACT and SERVICE DETAILS	
Organisation Name:	
Contact Name:	
Postal address:	
Phone number/s:	
Email:	
Please indicate whether you are expressing ing the relevant box.	interest in facilitating one or both of the following workshops by tick-
Provide a brief description of how you woul the number of participants, facilities/resour	Id structure the workshop/s. Please include the number of trainers, rces required:
A one hour 'anti-bark' canine worksho	op: 🗆
A one hour 'dealing with nuisance beł	naviours' canine workshop:

REQUIREMENTS		
Please describe your capacity to offer workshops on a monthly basis at varying within the Darwin municipality.		
Please include the length of time you require for advertising/marketing, your capacity/preference to run courses on weekdays/weekends, your capacity to run workshops at varying locations within the Darwin municipality.		
Please list all trainers, their accreditations, qualifications and experience:		
Name:		
Accreditation/Qualification/Institute (attach evidence):		
Police Clearance/Ochre Card Details (attach evidence):		
Experience:		
Name:		
Accreditation/Qualification/Institute (attach evidence):		
Police Clearance/Ochre Card Details (attach evidence):		
Experience:		
Name:		
Accreditation/Qualification/Institute (attach evidence):		
Police Clearance/Ochre Card Details (attach evidence):		
Experience:		
Please describe your training organisations ethos towards dog behaviour modification and the training techniques utilised; particularly in relation to problem canine behaviours such as barking, crying, aggression, disobedience and escaping.		

REQUIREMENTS		
Please describe your understanding of City of Darwin's Animal Management principles and objectives (please refer City of Darwin Dog and Cat Management Strategy 2018—2022, www.darwin.nt.gov.au/council/about-council/publications-and-forms/dog-and-cat-management-strategy-2018-2022).		
Please describe how your training organisation's principles and objectives align with this.		
However your training organisation offered workshops of this nature proviously?		
Have you or your training organisation offered workshops of this nature previously?		
Please provide a summary of experience, include examples of successes, participant feedback, previous partnerships (including Council).		
Please provide a breakdown of costs (associated documents may be attached to this application).		
Please highlight fees and charges for trainer/s and any additional fees and charges for resources or similar.		
Please provide public liability insurance details (associated documents may ne attached to this application).		

REQUIREMENTS		
Additional comments.		
Please attach any relevant marketing information, and/or provide website/social media details for your training organisation.		
Please return completed form and attachments to:		
Angie Heriot, Animal Education and Policy Officer		
angie.heriot@darwin.nt.gov.au		
89 300 606		
04 295 69187		