

Gardens for Wildlife Sign up Form

1. Name of School

2. Participating School levels

Primary

Middle

Senior

Other: _____

3. Is your school...

Government

Non-Government

Other: _____

4. Number of Students in the School

5. Physical School Address

Suburb: _____

Postcode: _____

6. Phone Number

7. Email

8. Is the school registered by the Department of Education in the NT *

Yes No

**Note: Applicant schools must be a registered NT school with an ABN*

9. Does your school consent to an onsite school assessment to be undertaken*

Yes No

**This information will only be used for identifying areas of improvement and how the school may benefit from being part of the Gardens for Wildlife program. To be eligible for funding an assessment must be undertaken.*



10. What are your main areas of interest for joining the program;

- Information on local plants, wildlife, threatened species, and ecosystems in your school and local area
- Revegetation and habitat restoration advice
- Learning resources and assistance finding experts for class interactions
- Incentives to help create, improve and protect habitat (including the ability to apply for grants)
- Integrating conservation with learning outcomes for students
- Free workshops, field days and in-class sessions from experts
- Opportunities to collaborate with and meet other like-minded schools and teachers
- Other: _____

11. School Contact Person Details*

**All applicant schools must nominate a teacher or staff member to be lead contact for this project. They will be the first point of contact and responsible for ensuring any obligations as part of this registration are met.*

Lead Contact Name (First and Surname)

Contacts Position *

**i.e. Head of Science or Year 4 Teacher*

Phone Number

Mobile Number

Direct Email

Agreement:

I _____ certify that I have been authorised by the school above to make this application.

I certify that, to the best of my knowledge, the statements and information provided in this application are true and correct.

I have read, and understood the Gardens for Wildlife Grants Program Guidelines.

Signature _____

Date _____

Name _____

The information requested by this form is collected by City of Darwin for the purpose of assessing Gardens for Wildlife Program participation only. Your information is managed in accordance with the City of Darwin's privacy policy which is available at www.darwin.nt.gov.au

