

**Application to work as a rescue organisation with the Animal Care Facility**

**Privacy Statement**

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.

**Introduction**

Organisations that wish to work with Council to re-home dogs and cats from the Animal Care Facility must provide the following details to support their application. Council staff will assess the application and where the application is successful Council will enter into an agreement with the rescue organisation. A copy of the signed agreement will be forwarded by Council to the Office of Local Government in support of the rescue organisations application to work within Campbelltown.

**Applicant Details**

Rescue Organisation Name			
Postal Address			
Business Address (if different)			
Email			
Phone		Fax	
ABN/Association Incorporation No			

**Exemption from Registration status - Companion Animals Regulation 2018**

Does your organisation have a current exemption under Clause 17(1)(c)?

- Yes - Please attach a copy of your letter from the Office of Local Government  
 No - Note: Council will only work with organisations who have a Clause 17(1)(c) exemption.

**Work Experience**

Has your organisation worked with other Local Council Animal Shelters?

- No  Yes - please list Local Government Areas:

Please provide contact details for a referee for the below Councils, rescue organisations you were previously affiliated with and your regular veterinarian. Three references are required as a minimum.

<b>Council 1</b>		Officer	
Position		Phone	
<b>Council 2</b>		Officer	
Position		Phone	
<b>Council 3</b>		Officer	
Position		Phone	

**Regular Vet Practice**

Vet Name		Phone	
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**Rescue Organisation Name 1**

Name		Phone	
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**Rescue Organisation Name 2**

Name		Phone	
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<b>Foster Carers</b>	
<p><b>Policies/Procedures/Checklists</b> - Does your organisation have any policy, procedure, criteria or checklists which have been developed to assist the organisation in selecting/approving foster carers and/or managing foster care arrangements?</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes – please attach a copy</p>	
<p><b>Location of Foster Carers</b> - Does your organisation have foster carers within the Campbelltown Local Government Area?</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes – please attach a list</p>	
<p><b>Inspections</b> - Does your organisation inspect the premises of volunteer foster carers as part of your selection process.</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes</p>	
<p><b>Controls</b> - Does your organisation place controls on the number of cats/dogs that a volunteer foster carer can assist at any one time or how they are to be kept?</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes – please attached details of restrictions</p>	
<b>Applicant Declaration</b>	
I declare that the above information is true and correct.	
Authorised representative's position	
Authorised representative's name	
Authorised representative's signature	
Date	