

Application for Developmental Permit for Training Purposes

Torres Strait Fisheries Act 1984 Sub-section 12(1)

Note: It is an offence under the s136.1(1) of the Criminal Code Act 1995 to make a false or misleading Statement or to omit and matter or thing without which the statement is misleading.

1. Applicant Details

Name (in full):	Date of Birth:	Email:
Postal Address:	Residential Address:	Mobile: Business
Main Contact Name:	Position/Role:	ACN/ABN:

2. Boat/License Details

License Number:	Expiry Date:	Boat Mark/Symbol:	Engine Make:
Community (if applicable):	Boat Make:	Boat Name:	Colour:
Owner Name:	Boat Length:	Mean Engine Rating(KW)/Horsepower:	Tonnage:
Hull Material:	Boat Breadth:	Home Port:	Place where built:
VMS Installed: Yes / No	If VSM installed, Immersat Mobile number:		
Entry Details: Please tick any applicable current entries <input type="checkbox"/> Tropical Rock Lobster (CR) <input type="checkbox"/> Crab (CB) <input type="checkbox"/> Beche-de-mer (BD) <input type="checkbox"/> Reef Line (LN) <input type="checkbox"/> Prawn (PR) <input type="checkbox"/> Spanish Mackerel (MK) <input type="checkbox"/> Torchus (TR)			

[^] Refer to Torres Strait Management Notice Number 47 regarding how to measure boat length

3. Training Permit Objectives

Target fishery:

What is the identified skills gap and how has it been identified?

Please outline the skills gap and the associated impact to business/ability to fish

How will the proposed training activity address the skill gap?
Please outline the proposed training and how it will specifically address the identified skills gap

What efforts have been made to employ suitably skilled traditional inhabitants?

4. Trainer Details

Trainer name/s:

Trainer organisation (if applicable):

Relevant industry experience:

Relevant training experience/qualifications:

5. Training Plan

Proposed Master of the boat (name, postal address, contact details):

Permit timeframe - *If applying for more than one year please outline the justification*

Training schedule over the timeframe of the permit:

Number of training recipients:

The approximate catch required to develop the skills needed to address the identified gap:

Species you intend to harvest:

Fishery equipment intended for use:

How improvements in TIB skills and capacity are assessed and monitored:

6. Declaration by Applicant

Pursuant to sub-section 12(1) of the Torres Strait Fisheries Act 1984 I/We, the applicant(s) whose name(s) appear(s) in section 1, hereby apply for the grant of a Scientific/Developmental Permit in respect of the boat described in section 2, authorizing the use of that boat by me/us. Or a person acting on my/our behalf, to undertake operations as described in section 4 of this application.

I/We, the applicant(s) whose name(s) appear(s) in section 1, declare that the information shown herein is, to the best of my/our knowledge, true and correct in every detail.

Signature(s) and Date _____

Printed Name(s) and position held in Company _____

NOTE: Applications made by partnership are to be signed and dated by all partners. If signing on behalf of a company: (1) Two Directors, or (2) Director and Secretary, or (3) Sole Director and Secretary must sign and state their position held under the signature.

It is an offence, under the Torres Strait Fisheries Act 1984, for a person(s) to make a statement or furnish information in an application that is, to the knowledge of that person(s), false or misleading in any particular. This may lead to suspension of the Fishing Permit.

Return Application to:

Australian Fisheries Management Authority
PO Box 7051
Canberra Business Centre
ACT 2610
Telephone: 1300 723 621 Fax: 02 6225 5440

Please provide an estimate of the time taken to complete this application form:

..... Hours Minutes