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| **GENERAL INFORMATION** |
| Trainers fill out this form and submit this application to kiwihandler@doc.govt.nz *Please fill out all sections. For help or more information please email* kiwihandler@doc.govt.nz**Please note:** this application form is for KAH skill application. KAH permanent marking skill applications should follow the NZNBBS format and should be submitted to bandingoffice@doc.govt.nz Further information on submitting an application regarding wing tags, transponders or bands can be found at: <https://www.doc.govt.nz/our-work/bird-banding/how-to-become-a-certified-bander/>  |

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| **1. CANDIDATE/ TRAINEE DETAILS** |
| Name: |  |
| Affiliation: |  |
| Phone: |  |
| Primary email: |  |
| Secondary email: |  |
| KAH ID number(please indicate) | KAH/is new to KAH and no ID number |
| City: |  |
| Region: | Select a region |

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| **2. TRAINER DETAILS** |
| Name: |  |
| Affiliation: |  |
| Phone: |  |
| Primary email: |  |
| Secondary email: |  |
| KAH ID number | KAH |
| City: |  |
| Region: | Select a region |

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| **3. PROJECT DETAILS (where trainee was trained)** |
| Name of Project: |  |
| Wildlife Act permit number: |  |
| Permit expiry date: |  |
| City: |  |
| Region: | Select a region |
| Year of training |  |
| Kiwi Taxa (e.g. NI Brown – western) |  |

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| **4. ENDORSEMENT** |
| Please tick all relevant boxes for the KAH skill levels that you endorse the applicant for. Note: you are only able to endorse the applicant for skills that you have personally trained or observed them in and for which you are currently a trainer for. Skills requiring a second endorsement for accreditation are indicated with an Asterix. |
| **KAH skill** | **Number trainee has observed others doing** | **Number you have personally observed trainee do** | **Endorse for accredited?** (Independent operator) | **Endorse for Trainer?** (\* all skills require 2 endorsements) | **Name of second trainer who will provide 2nd endorsement** | **Number the trainee has completed in total (including under other trainers)** |
| extract catch & release | WILD |  |  | [ ]  | [ ]  |  |  |
| adult handling |  |  | [ ]  | [ ]  |  |  |
| Chick handling |  |  | [ ]  | [ ]  |  |  |
| measurements |  |  | [ ]  | [ ]  |  |  |
| Egg lifts, handling |  |  | [ ]  | [ ]  |  |  |
| Egg transportation |  |  | [ ]  | [ ]  |  |  |
| extract catch & release (juv/adult) | CAPTIVE |  |  | [ ]  | [ ]  |  |  |
| extract catch & release (chick) |  |  | [ ]  | [ ]  |  |  |
| adult handling |  |  | [ ]  | [ ]  |  |  |
| Chick handling |  |  | [ ]  | [ ]  |  |  |
| Upright hold for treatment |  |  | [ ]  | [ ]  |  |  |
| Oral tube dosing |  |  | [ ]  | [ ]  |  |  |
| Taking Blood \* | SAMPLING |  |  | [ ]  | [ ]  |  |  |
| Hold for taking blood |  |  | [ ]  | [ ]  |  |  |
| Taking cloacal swabs |  |  | [ ]  | [ ]  |  |  |
| Hold for Cloacal swabs |  |  | [ ]  | [ ]  |  |  |
| Captive egg lifts | ONE |  |  | [ ]  | [ ]  |  |  |
| Captive egg transportation |  |  | [ ]  | [ ]  |  |  |
| Egg washing |  |  | [ ]  | [ ]  |  |  |
| Egg candling |  |  | [ ]  | [ ]  |  | Include course attendance confirmation. |
| Egg incubation min standards |  |  | [ ]  | [ ]  |  |  |
| Treat cracked eggs |  |  | [ ]  | [ ]  |  |  |
| Hatching minimum standards |  |  | [ ]  | [ ]  |  |  |
| Hatching abnormalities assist |  |  | [ ]  | [ ]  |  |  |
| Egg complications |  |  | [ ]  | [ ]  |  |  |
| IM treatment |  |  | [ ]  | [ ]  |  |  |
| Sub-cut treatment |  |  | [ ]  | [ ]  |  |  |
| Standard chick husbandry |  |  | [ ]  | [ ]  |  |  |
| Advanced chick husbandry |  |  | [ ]  | [ ]  |  |  |
| Standard juvenile husbandry |  |  | [ ]  | [ ]  |  |  |
| Advanced juvenile husbandry |  |  | [ ]  | [ ]  |  |  |
| Assist feeding chicks |  |  | [ ]  | [ ]  |  |  |
| Assist feeding Juvi/adults |  |  | [ ]  | [ ]  |  |  |
| **KAH skill** |  | **Number trainee observed**  | **Number you have observed trainee do** | **Endorse for accredited?** (Independent operator) | **Endorse for Trainer?** (\* all skills require 2 endorsements) | **Name of second trainer who will provide 2nd endorsement** | **Number the trainee has completed in total (including under other trainers)** |
| Adult transmitter attachment \* | MARKING |  |  | [ ]  | [ ]  |  |  |
| Chick transmitter attachment \* |  |  | [ ]  | [ ]  |  |  |
| Hold for transponder insertion |  |  | [ ]  | [ ]  |  |  |
| Transponder insertion\* | All permanent marking certification is managed by the New Zealand Bird Marking Scheme (NZNBBS), you can email them at bandingoffice@doc.govt.nz Further information on submitting an application regarding wing tags, transponders or bands can be found at: <https://www.doc.govt.nz/our-work/bird-banding/how-to-become-a-certified-bander/>Hold for transponder insertion note: for transponder insertion if applicant is awarded to Level 2 (independent) and holds “Yes” for handling then Yes will automatically be awarded for hold for transponder insertion. The same is true for this if the applicant holds Level 3 (trainer) transponder insertion and “trainer” for kiwi handling. |
| Banding\* |
| Wing tag attachment |

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| **6. TRAINER DECLARATION** |
| [ ]  I am completely satisfied that the candidate has achieved the skills required for the certification level requested.[ ]  I feel that the candidate needs to focus on gaining additional experience in these skills:a.b.c.Any additional comments:[ ]  I declare that all information provided in this form is true and correct and has been completed by me in my capacity as a trainer. |
| Name: | Date: |

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| **5. DECLARATION OF CONFLICT OF INTEREST** |
| Please disclose and explain any real or perceived conflict of interest in your role as endorser of this applicant.  |
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