

4. APPLICATION/APPROVAL BY ANIMAL ETHICS COMMITTEE (Required for University/Research Org projects)

Does project have Animal Ethics Committee approval? YES NO Not applied for Pending #

Name of Committee: _____ #Application date: ___/___/___

5. FIELD/S OF STUDY (Circle relevant categories)

- | | | | |
|---------------|------------------|------------------|-----------------|
| 1. Movement | 4. Behaviour | 8. Genetics | Other (specify) |
| 2. Demography | 5. Morphology | 10. Return rates | _____ |
| 3. Ecology | 6. Ecophysiology | 11. Techniques | _____ |

6. PROJECT DESIGN NB: If the project involves colour marking you must also apply for a Colour Marking Authority.

Target group: Single species Several species Community Other (specify)

(tick relevant category) _____

Species to be targeted# (For community studies provide a separate list of species likely to be caught most frequently)

Species no	Species name	Number of animals to be banded #	Number recovered or resighted		
			Alive #	Dead #	Marked #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Estimates only

<p>Capture method</p> <input type="checkbox"/> By hand <input type="checkbox"/> Trap (specify type) _____ <input type="checkbox"/> Mist net <input type="checkbox"/> Cannon net <input type="checkbox"/> Other (specify) _____ _____	<p>Marking/tracking methods</p> <input type="checkbox"/> Metal band <input type="checkbox"/> Colour bands ✕ <input type="checkbox"/> Leg flag ✕ <input type="checkbox"/> Wing tag ✕ <input type="checkbox"/> Electronic tag/PIT <input type="checkbox"/> Radio/Satellite transmitter <input type="checkbox"/> Other (specify) _____ _____ ✕ Colour Marking Authority required	<p>Types of recoveries planned</p> <input type="checkbox"/> Retraps by researcher/s <input type="checkbox"/> Resightings by researcher/s <input type="checkbox"/> Recovery of bands by general public <input type="checkbox"/> Sightings by general public <input type="checkbox"/> Electronic tracking <input type="checkbox"/> Other (specify) _____ _____ (tick relevant categories)
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Frequency of activity

How often do you intend to undertake field work for:

Banding/markings

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Annually |
| <input type="checkbox"/> Other (specify) | |

Retraps/resightings

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Annually |
| <input type="checkbox"/> Other (specify) | |

Comparisons in time and space

- None: study of one area, not interested in possible changes over time
- Changes over time in one area
- Comparison between areas, not interested in possible changes over time
- Comparisons between areas and times
- Other (specify): _____

7. DESCRIPTION OF STUDY SITE/S (Location details must be provided on separate locode registration sheets)

8. DATA COLLECTION

Method of submitting core banding data:

Disk/Electronically Data sheets

Additional data to be collected

(tick relevant categories)

(need not be submitted to the Banding Office)

Resightings of colour-marked animals

Plumage/Pelage descriptions

Weights

Behaviour

Morphometric measurements

Blood/tissue samples

Moults

Environmental data

Other (specify)

9. DATA PRESENTATION

Variables to be calculated

Recovery rates

Breeding success

Patterns of movement

Population size

Home range/territory size

Survival, life expectancy, recruitment

Other (specify)

Indicate which types of analysis you might consider presenting:

Histograms

X² tests

Graphs

Analysis of variance

Means, standard errors, standard deviations,

Discriminant analysis

t-tests

Survival analysis

Other (specify)

Do you expect to require assistance with analysis and presentation of data? YES NO

If yes, indicate which:

University supervisor/adviser

Friend/colleague

Other (specify)

10. DURATION OF PROJECT. Open-ended projects will not be approved. Projects may be extended past the nominated completion date subject to a satisfactory review of progress and prospects.

Expected commencement date: ____/____/____ Expected completion date: ____/____/____

11. WRITE-UP. How results will be presented to the interested public (tick relevant categories)

- Paper in a scientific journal
- Presentation to conference
- Report to wildlife or other agency
- Other (specify)

12. FURTHER COMMENTS ON PROJECT*

13. PROJECT SUPERVISOR TO COMPLETE I agree to take responsibility for this project

_____ / ____/____
Project supervisor's signature Date

14. GROUP ENDORSEMENT if applicable

_____ / ____/____
Group Coordinator's Name in Block Letters Coordinator's Signature Date

For office use only:

project_application 9/01/2008

Project No: ____/____

Project Title: _____

Endorsement needed: _____

Species Group _____ **ID:** _____ **Approved by:** _____

Date ____/____/____

* Attach separate sheets if necessary