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|  | **Working Bee Attendance Record** | | | | | | | |
| **This form must be completed for all working bees authorised and under the control of *WILDCARE* Inc, undertaken independently from any partner Agency.** When a project is authorised and overseen by a partner Agency (e.g.; Parks and Wildlife Service) members should complete the forms and processes provided by the partner Agency.  **NOTE:** Ensure all participants have been briefed on Work Health and Safety prior to commencement of activity; including Emergency Response Plan, Minimum Safety Guide/s, Hazard Identification and completing a Medical Disclosure Form (please see the **Briefing Volunteers** document for further information on what should be covered in a project/activity briefing) | | | | | | | | |
| **Wildcare Branch:** | | | | | | | | |
| **Project name and Location:** | | | | | | | | |
| **Project date:** | | | **Start time:** | | **Finish time:** | | | |
| **Participant’s name** | | **Participant’s Phone Number** | | **Emergency contact (name and phone number)** | | **Start time** | **Finish time** | **Hours** |
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|  | | | | | | | **Total hours** | |
| **Please forward a copy of the completed form(s) to the *WILDCARE Inc* Office after the event.**  **GPO Box 1751 Hobart 7001 Tasmania or office@wildcaretas.org.au** | | | | | | | | |