



AUSTRALIAN BIRD AND BAT BANDING SCHEME

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Australian Government

PROJECT PROPOSAL APPLICATION FORM

Department of the Environment and Energy

1. PROJECT TITLE AND PERSONNEL

Project Title _____

Project to be operated by: GROUP INDIVIDUAL (tick one category)

	ABBBS Authority No	Endorsement
Group Name _____	_____	_____
Project Supervisor _____	_____	_____
Collaborators _____	_____	_____
_____	_____	_____

2. OBJECTIVES (Questions to be answered or aims achieved by the project) * Proposal attached

If a Project Proposal has been submitted to another body, you may attach a copy and restrict your responses to questions not already addressed

3. BACKGROUND (Summary of previous work, known information, any specific need/application for this work)*

4. APPLICATION/APPROVAL BY ANIMAL ETHICS COMMITTEE (where required by your jurisdiction)

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

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

Approval Reference: _____

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) _____ <small>✕ Colour Marking Authority required</small>	<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) _____ <small>(tick relevant categories)</small>
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Frequency of activity

How often do you intend to undertake field work for:

<p>Banding/markings</p> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other (specify) _____	<p>Retraps/resightings</p> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other (specify) _____
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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: All data MUST be submitted electronically via ABBBS Web Portal.

(<https://secure.environment.gov.au/deh/biodiversity/science/abbbs/index.html>). No datasheets will be accepted

Additional data to be collected (tick relevant categories, need not be submitted to the Banding Office)

- | | |
|---|--|
| <input type="checkbox"/> Resightings of colour-marked animals | <input type="checkbox"/> Plumage/Pelage descriptions |
| <input type="checkbox"/> Weights | <input type="checkbox"/> Behaviour |
| <input type="checkbox"/> Morphometric measurements | <input type="checkbox"/> Blood/tissue samples |
| <input type="checkbox"/> Moults | <input type="checkbox"/> Environmental data |
| <input type="checkbox"/> Other (specify) | |

9. DATA PRESENTATION

Variables to be calculated

- | | |
|--|---|
| <input type="checkbox"/> Recovery rates | <input type="checkbox"/> Breeding success |
| <input type="checkbox"/> Patterns of movement | <input type="checkbox"/> Population size |
| <input type="checkbox"/> Home range/territory size | <input type="checkbox"/> Survival, life expectancy, recruitment |
| <input type="checkbox"/> Other (specify) | |

Indicate which types of analysis you might consider presenting:

- | | |
|---|--|
| <input type="checkbox"/> Histograms | <input type="checkbox"/> X ² tests |
| <input type="checkbox"/> Graphs | <input type="checkbox"/> Analysis of variance |
| <input type="checkbox"/> Means, standard errors, standard deviations, | <input type="checkbox"/> Discriminant analysis |
| <input type="checkbox"/> t-tests | <input type="checkbox"/> Survival analysis |
| <input type="checkbox"/> 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 23/11/2017

Project No: ____/____

Project Title: _____

Endorsement needed: _____

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

Date ____/____/____

* Attach separate sheets if necessary