# FIELDWORK NOTIFICATION (VICTORIA)

# **For scientific procedures premises licence and scientific procedures fieldwork licence holders**

This form is used to inform Agriculture Victoria about fieldwork conducted in Victoria under a scientific procedures premises licence or scientific procedures fieldwork licence. The information collected is used for the administration of the Prevention of Cruelty to Animals Act 1986.

The form is to be submitted after final approval for work at the listed location and before the approved start date at that location.

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| **Licence name and number:** | | | | | |  | | | | | | | | | | | | |
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| **Fieldwork details** | | | | | | | | | | | | | | | | | | |
| **Title of project** |  | |  | | | | | | | | | | | |  |  | | |
|  | | | | | | | | | | | | | | | | | | |
| **Street address or property / site name of fieldwork location(s) – add more lines if multiple sites** | | | | | | | | | | | | | | | | | | |
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| **Suburb / locality** | | | | | | | | |  | **State** | | | | | | |  | **Postcode** |
|  | | | | | | | | |  | VICTORIA | | | | | | |  |  |
| **AEC name** | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **AEC approval number** | | | |  | **Approved start date at location listed** | | | | | | | |  | **AEC approval expiry date** | | | | |
|  | | | |  |  | | | | | | | |  |  | | | | |
| **Brief description of procedures to be conducted at fieldwork site(s)** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Species of animal to be used** | | | | | | | | | | |  | **Number of animals** | | | | | | |
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| **If the AEC is based interstate, indicate how the AEC will be monitoring the project (i.e. who is monitoring it, using what technique, how frequently) ref 2.3.17–2.3.23** [**Australian code for the care and use of animals for scientific purposes 8th edition (2013)**](https://www.nhmrc.gov.au/book/australian-code-care-and-use-animals-scientific-purposes-8th-edition-2013) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Submitter details** | | | | | | | | | | | | | | | | | | |
| **Title** | |  | **Surname** | | | | | | | | | | | |  | **First name** | | |
|  | |  |  | | | | | | | | | | | |  |  | | |
| **Business hours phone number** | | | | | | |  | **Email address** | | | | | | | | | | |
|  | | | | | | |  |  | | | | | | | | | | |

Please send completed form to:

[**Sp.Licensing@ecodev.vic.gov.au**](mailto:Sp.Licensing@ecodev.vic.gov.au)

or

Licensing Officer

Licensing and Audit

Biosecurity

Agriculture Victoria

475 Mickleham Road, ATTWOOD 3049