

Waterwatch NSW Community Group/ Organisation EXPRESSION OF INTEREST FORM



Group Name/ School		Contact Name		
Postal Address				
Felephone	(H) (W) (mob)	E-mail		
Mail list	Yes, I would like to be informed of volume post / email only / either (yes, I would like to be included on the second sec	olease mark preferer	ce with an '	X')
ea. Location of study site	Lot or Portion Nº. (if applicable)			
III	e Lot and DP enable us to look at any existin		catchment	the vicinity of the proper
ocal council area		eg Fires Ck, E		
	lated to your current waterway health			
Local council area	lated to your current waterway health			

Name of sponsor (if applicable):

 $\hfill \square$ No, I do not have sponsorship to purchase a Waterwatch

Kit and require assistance from Waterwatch NSW

C. YOUR INTERESTS These details help us understand your interest in joining a Waterwatch group

The Waterwatch Program aims to educate and empower current and future generations to become actively involved in the sustainable use and management of catchments through monitoring and educational activities. Participation in this program is entirely voluntary and members will be provided with all necessary training required to undertake water quality monitoring within your catchment. All data obtained will be used by NSW Waterwatch to establish baseline data for local Catchment reporting on water quality and catchment conditions. Other opportunities include workshops, training, networking with other landholders, community members/organisations, help with addressing water quality issues, and advice/help regarding funding opportunities.

1. Reason for Interest:	Tick the boxes that apply to the aims of your monitoring				
iliterest.	Providing information about natural resource condition at the site				
	☐ Enhancing knowledge and understanding of catchmen	t issues			
	☐ Monitoring of on-ground works projects				
	☐ Identifying pollution events				
	Other (please Specify)				
	What are the main values of the study site to you?				
2. Level of	Please indicate the activities you are interested in participating in				
Participation	☐ Water Quality monitoring- monthly				
	Spring/Autumn Water Bug Survey				
	Quality Assurance Trials (QA)- annual				
	☐ Waterwatch activities in your area				
	Other (please Specify)				
	Desired Testing Frequency (most groups test once per month)				
0.01311-					
3. Skills	Does your group have any skills that may assist with undertaking Waterwatch activities?				
4. Regional Hub	Would your group be interested in acting as a Regional Hub for Waterwatch activities and kits?				
How did you book ob	aut Matamustah 2				
How did you hear ab Newsletter	out waterwatch?				
	or.				
Previous Voluntee					
_	onal Provider visit				
U Other Please Sp	pecify				
Date: Signed (by applicant):		To be completed by Waterwatch Staff Date received: Actioned by:			